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COUNTY BOROUGH OF BOLTON

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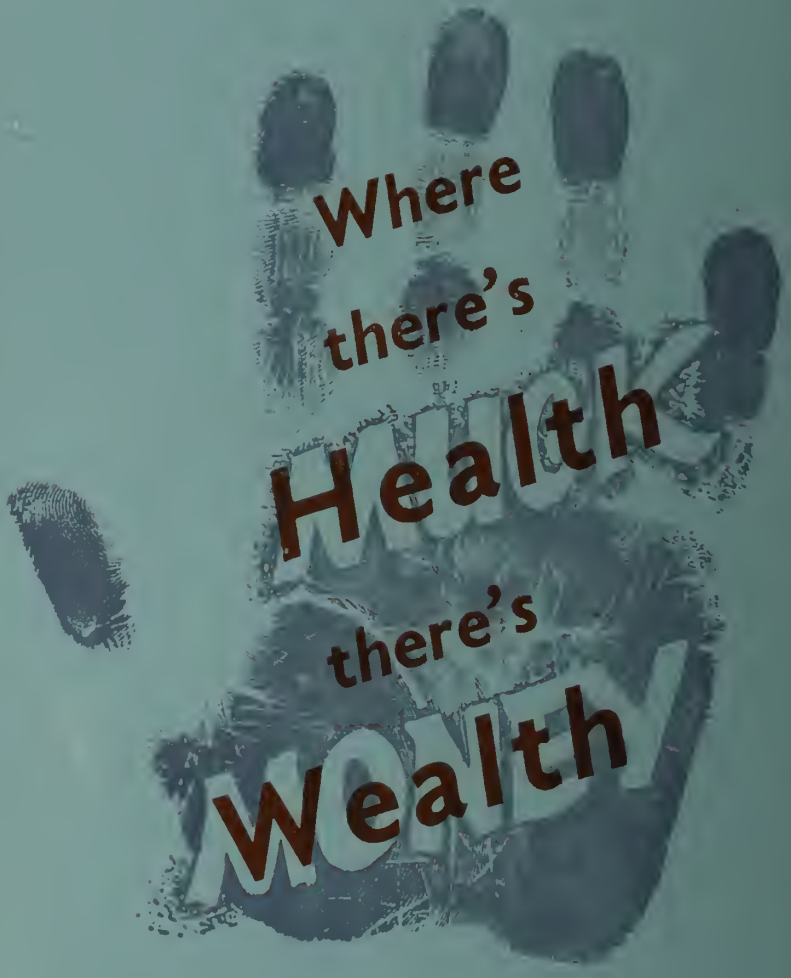
ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1950


Where
there's
Health
there's
Wealth

COUNTY BOROUGH OF BOLTON

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1950

The Local Health Authority,
Civic Centre,
Bolton.

23rd October, 1951

ANNUAL REPORT

To: The Chairman and Members of the Health Committee.

Ladies and Gentlemen,

I have the honour to present the Report for 1950, the seventy-ninth Annual Report on the health of Bolton.

During the year, many changes took place in the Department. On the 30th March, not only the Health Department, but the Council suffered a severe loss by the sudden death of the Chairman of the Health Committee, Alderman H. N. Savage, who had been the Chairman of the Health Committee since the 26th May, 1949.

Later on in the year, as I reported in my last Annual Report, the Department again suffered a grievous blow by the untimely death of Dr. R. M. Galloway, who had been Medical Officer of Health since 1932.

On the 25th May, Mrs. N. Bowyer, who had been acting as Vice-Chairman, was appointed Chairman of the Health Committee and Councillor Stanley Entwistle was appointed Vice-Chairman and Chairman of the Baths Sub-Committee.

I had the honour to be appointed Medical Officer of Health and School Medical Officer at the end of July and took up duties on the 23rd October.

In general, the health of Bolton remains good. There were two sharp outbreaks of infectious disease, one of Whooping Cough at the beginning of the year when 583 cases occurred with two deaths, and one of Measles at the latter part of the year when 1,881 cases occurred with one death.

The number of cases of Tuberculosis again fell, as did the death rate from the Pulmonary form of this disease.

It is with regret, however, that I have to report that the Infantile Mortality Rate rose from 30.5 to 35.5. It will be seen from perusal of the Table contained in the body of the report showing the Causes of Death among infants under the age of one, that the majority of these were due to Prematurity and Congenital Malformations, the cause of which is most difficult to determine. There were, however, some deaths due to Infective conditions, some of which may have been preventable, but without detailed investigation it is difficult to express a definite opinion. I feel sure that the steps the Committee have taken to increase the number of Health Visitors will in some measure effect a reduction in the Infantile Mortality Rate. The

Committee have instituted bursaries for suitably qualified candidates to take the Health Visitors' Course and this, I am sure at the present moment, is the only way in which a local authority can recruit candidates for this work and so build up an efficient Health Visiting Service.

To offset this rise in Infantile Mortality, I am happy to report that the number of Still-births fell from 77. to 50. This is a very welcome fall, as the problem of Still-births is one which has caused the medical profession much anxiety over many years, but it would now appear that with modern therapy and modern ante-natal care, this problem may be partially resolved.

The work of the Health Visitors has been carried on under difficulties caused by staff shortages, but the quality of the work remains of the very highest standard. The total number of visits to the clinics was well up to average. I feel that at this juncture, I should like to pay tribute to the work of the Bolton Mother and Child Welfare Association, whose duties were transferred to the Local Authority in 1950.

The first infant welfare clinic was opened in Bolton on November 9th, 1908, by an Association named the School for Mothers, which later changed its name to the Mother and Child Welfare Association. The Bolton clinic was one of the first to be opened in England. From this small beginning, the Association grew and, as the years passed, more and more facilities for mothers and young children were made available. The various services which the Association provided were massage, sunlight, ante-natal and post-natal clinics and dinners for nursing and expectant mothers, which continued to be provided until March, 1950.

To begin with, the Association functioned on an entirely voluntary basis but later received financial aid direct from the Ministry of Health and later from the Local Authority. As time passed, the Local Authority also agreed to provide a doctor and a Health Visitor at every clinic session. In March, 1950, when the Health Committee took over the management of the clinics, twelve fully established clinics were available and between sixty and seventy voluntary workers attended regularly each week at these Centres carrying on the excellent work which had begun some forty-two years previously and which had always been held in the highest esteem not only by the Health Department but by thousands of Bolton mothers and children.

The Home Nursing Service continued to do excellent work and the new and thriving Domestic Help Service carried on a most excellent and much-needed social service.

In the sanitary sphere, much has been done to improve the general sanitation of the town and a great deal of work has been done on housing, the prevention of atmospheric pollution, disinfestation, conversion of waste water closets and fixed ashpits, ice cream and other related problems. During the year the Bolton Hygienic Food Trades Guild was formed and Codes of Practice for various trades, all of which have as their aim an improvement in the hygienic standards in these trades, have been formulated.

The work of the Analyst has been steadily increasing and the tests carried out by his Department are becoming more and more complicated, all of which are most essential to safeguard the food eaten by the public. I have referred in the report to the records of the deposit gauges situated at various places

throughout the Borough. These show that there is still a very definite smoke problem in Bolton which is being tackled not only by the Health Department but by Industry itself. It would be wrong if the public gained the impression that industry was not co-operating with the Health Authority to abate this nuisance. Experience has shown in Bolton that on the whole, Industry is most anxious to help and I am happy to report that the Department's relationships with the various factories in the Borough are most cordial More and more am I convinced that the Public, Industry, the Health Committee, the Health Department and all public-spirited persons, are aware that the old adage of "Where there's muck there's money" should be replaced by "Where there's health there's wealth."

Finally, I would like to express my deep appreciation of the co-operation and loyalty of all members of the staff and also I would like to take this opportunity of recording my sincere thanks for the support and encouragement given by the Chairman, the Vice-Chairman and Members of the Health Committee during the year under review.

I am, Ladies and Gentlemen,

Your obedient servant,

ALEXANDER HUTCHISON

Medical Officer of Health and School Medical Officer.

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SUMMARY OF STATISTICS, 1950

COUNTY BOROUGH OF BOLTON

Position	Lat. 53° 35′ N. Long. 2° 27′W.
Elevation above sea level...	...230-ft. to 1,450-ft.
Geological Formation: Boulder Clay and Sand over Coal Measures.	
Rainfall (Av. 1887-1950, 44·589″)	52·213
Area in Acres (Land and Inland Water)	15,279
Population (Census 1921)	178,683
„ (Census 1931)	177,250
„ (Estimated Civilian Population, 1950)	168,600
Inhabited Houses (Census 1921)	41,825
„ „ (Census 1931)	46,618
Private Families or Separate Occupiers (Census 1921)...	42,635
„ „ „ „ (Census 1931)...	47,706
New Houses Certified including Flats, 1950...	449
Existing buildings altered to provide dwelling accommodation, 1950	2
Estimated No. of Houses in the Borough at 31st December, 1950	54,650
Rateable Value at 1st April, 1950	£1,116,723
Rate at 1d. in the £ estimated to produce	£4,500
Births	2,537
Birth-rate (Crude) (per 1,000 of population)	15·05
Birth-rate	14·90
Deaths	2,360
Death-rate (Crude) (per 1,000 of population)	13·99
Death-rate	13·85
Still-Births	50
Still-Birth Rate (per 1,000 total Births)	19·3
Average Death Rate (1941-1950)	14·7
Heart and Circulation Death-rate	4·7
Cancer Death-rate	2·15
Death-rate from diseases of Respiratory System	1·89
Pulmonary Tuberculosis Death-rate	0·21
Infantile Mortality (Deaths under one year per 1,000 live births)	35·5
Diarrhœa Death-rate (Deaths under two years per 1,000 live births)	1·97
Puerperal Death-rate (per 1,000 total births)	0·77
ENGLAND AND WALES:—	
Birth-rate (per 1,000 civilian population)	15·8
Death-rate (per 1,000 civilian population)	11·6
Infantile Mortality (Deaths under one year per 1,000 live births)	29·8
Diarrhœa and Enteritis (under two years), (Death-rate per 1,000 live births)	1·9

STATISTICS

Births

There were 2,537 live births to Bolton residents in 1950, 1,313 being males and 1,224 females. The birth-rate per 1,000 of the population was 15.05. 1,041 births occurred to Bolton residents in Townleys Hospital, 306 in Haslam Maternity Home, 310 in Havercroft Maternity Home and 368 in Heaton Grange Maternity Home. The remaining 13 births took place in:—

St. Mary's Hospital, Manchester	2
Crumpsall Hospital, Manchester	2
Methodist Maternity Home, Manchester	3
Hope Hospital, Salford	2
Fairfield General Hospital, Bury	1
Ashton-on-Mersey Nursing Home, Cheshire ...	1
Lynefield Nursing Home, Altrincham	1
Five Acres Nursing Home, Lowton	1
	13

Still-births

The number of still-births in Bolton in 1950 was 50, giving a still-birth rate of 19·3 per 1,000 total births.

Deaths

Bolton had 2,360 deaths (1,224 males, 1,136 females) in 1950, giving a crude death-rate of 13·99 per 1,000 of the population.

During the year, 608 persons, whose usual place of residence was in the area of this County Borough, died outside the Borough; of these, 501 died in Townleys Hospital or Townleys Annexe and 25 died in Mental Hospitals and hospitals for mental defectives.

Non-residents who died in the area numbered 125.

Summary of the Principal Causes of Death, 1950

	No. of Deaths	Per cent. of total Deaths
Infective and Parasitic Diseases	**59**	**2.500**
Tuberculosis of Respiratory System	36	1.525
Tuberculosis of Meninges and Central Nervous System	5	.212
Tuberculosis (all other forms)	2	.084
General Paralysis of Insane	1	.042
Syphilis	7	.297
Streptococcal sore throat	1	.042
Diphtheria	1	.042
Whooping Cough	2	.084
Late effects of acute Poliomyelitis and acute infectious encephalitis	2	.084
Measles	1	.042
All other infective and parasitic diseases...	1	.042

	No. of Deaths	Per cent. of total Deaths
NEOPLASMS	**363**	**15.381**
Malignant neoplasm of buccal cavity and pharynx	8	.339
Malignant neoplasm of oesophagus	7	.297
Malignant neoplasm of stomach	74	3.135
Malignant neoplasm of intestine except rectum	54	2.288
Malignant neoplasm of rectum	31	1.314
Malignant neoplasm of larynx	13	.551
Malignant neoplasm of trachea, and of bronchus and lung, not specified as secondary	39	1.652
Malignant neoplasm of breast	19	.805
Malignant neoplasm of cervix uteri	8	.339
Malignant neoplasm of other and unspecified parts of uterus	9	.381
Malignant neoplasm of prostate	19	.805
Malignant neoplasm of skin	3	.127
Malignant neoplasm of bone and connective tissue	5	.212
Malignant neoplasm of all other and unspecified sites	60	2.542
Leukaemia and aleukaemia	6	.254
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	3	.127
Benign neoplasms and neoplasms of unspecified nature	5	.212
ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES	**37**	**1.568**
Thyrotoxicosis with or without goitre	1	.042
Diabetes Mellitus	13	.551
Allergic disorders; all other endocrine and metabolic diseases	23	.975
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS	**12**	**.508**
Anaemias	10	.423
Purpura and other haemorrhagic conditions	2	.084
MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS	**4**	**.169**
Psychoses	3	.127
Psychoneuroses and disorders of personality	1	.042
Mental deficiency	—	—
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	**317**	**13.432**
Vascular lesions affecting central nervous system	285	12.076
Nonmeningococcal meningitis	1	.042
Multiple sclerosis	5	.212
Epilepsy	7	.297
Otitis media and mastoiditis	1	.042
All other diseases of the nervous system and sense organs	18	.763
DISEASES OF THE CIRCULATORY SYSTEM	**793**	**33.606**
Rheumatic fever	11	.466
Chronic rheumatic heart disease	38	1.610
Arteriosclerotic and degenerative heart disease	599	25.381

	No. of Deaths	Per cent. of total Deaths
Other diseases of heart	56	2.373
Hypertension with heart disease	35	1.483
Hypertension without mention of heart	14	.593
Diseases of arteries	36	1.525
Other diseases of circulatory system	4	.169
Diseases of the Respiratory System	**319**	**13.517**
Influenza	26	1.127
Lobar Pneumonia	29	1.229
Bronchopneumonia	37	1.568
Primary atypical, other and unspecified pneumonia	12	.508
Acute bronchitis	31	1.314
Bronchitis, chronic and unqualified	163	6.907
Empyema and abscess of lung	2	.084
Pleurisy	2	.084
All other respiratory diseases	17	.720
Diseases of the Digestive System	**71**	**3.008**
Ulcer of stomach	10	.423
Ulcer of duodenum	5	.212
Gastritis and duodenitis	2	.084
Appendicitis	6	.254
Intestinal obstruction and hernia	15	.635
Gastro-enteritis and colitis, except diarrhoea of the newborn	11	.466
Cirrhosis of liver	6	.254
Cholelithiasis and cholecystitis	4	.169
Other diseases of digestive system	12	.508
Diseases of the Genito-urinary System	**66**	**2.796**
Acute nephritis	1	.042
Chronic, other and unspecified nephritis	39	1.652
Infections of kidney	6	.254
Calculi of urinary system	1	.042
Hyperplasia of prostate	12	.508
Other diseases of genito-urinary system	7	.297
Deliveries and Complications of Pregnancy, Childbirth and the Puerperium	**2**	**.084**
Toxaemias of pregnancy and the puerperium	2	.084
Diseases of the Skin and Cellular Tissue	**1**	**.042**
Infections of skin and subcutaenous tissue	1	.042
Diseases of the Bones and Organs of Movement	**12**	**.508**
Arthritis and spondylitis	8	.339
Muscular rheumatism and rheumatism unspecified	2	.084
All other diseases of skin and musculoskeletal system	2	.084
Congenital Malformations	**19**	**.805**
Spina bifida and meningocele	8	.339
Congenital malformations of circulatory system	6	.254
All other congenital malformations	5	.212

	No. of Deaths	Per cent. of total Deaths
CERTAIN DISEASES OF EARLY INFANCY	**48**	**2.034**
Birth injuries	6	.254
Post-natal asphyxia and atelectasis	16	.678
Infections of the newborn	6	.254
Haemolytic disease of newborn	1	.042
All other defined diseases of early infancy	1	.042
Ill-defined diseases peculiar to early infancy, and immaturity unqualified	18	.763
SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS...	**148**	**6.271**
Senility without mention of psychosis	134	5.678
Ill-defined and unknown causes of morbidity and mortality	14	.593
ACCIDENTS, POISONINGS, AND VIOLENCE	**89**	**3.771**
Motor vehicle accidents	20	.847
Other transport accidents	4	.169
Accidental poisoning	2	.084
Accidental falls	34	1.441
Accident caused by fire and explosion of combustible material	2	.084
Accidental drowning and submersion	8	.339
All other accidental causes	8	.339
Suicide and self-inflicted injury	11	.466

Deaths from Puerperal Causes

Maternal mortality is the number of deaths of women classed to pregnancy and child-bearing. It is expressed as the rate per 1,000 births (live and still).

There were two deaths from puerperal causes in 1950, giving a maternal mortality-rate of 0·77. The rate for England and Wales was 0·86.

	Deaths	BOLTON Rate per 1,000 total births	ENGLAND & WALES Rate per 1,000 total births
Puerperal sepsis	—	—	0.12
Other puerperal causes ...	2	0.77	0.74
Total	2	0.77	0.86

Death-rate of Infants under One Year of Age

The death-rate of infants is expressed as the number of deaths under one year per 1,000 live births, and is called the infantile mortality-rate. There were 90 such deaths during the year.

Bolton's infant mortality-rate for 1950 was 35.5. The figure for England and Wales was 29.8.

Of Bolton's 2,537 live births, 2,486 were legitimate and 51 illegitimate.

The infantile mortality amongst the legitimate children was 34.6, and amongst the illegitimate 78.4.

The following table shows the cause of death, the age and the sex of the children who died under the age of one year.

CAUSE OF DEATH OF INFANTS UNDER THE AGE OF ONE YEAR

Cause of Death	Males	Females
Atelectasis	9 hrs., 10 hrs. 1 day, 1 day, 1 day, 3 days, 1 week, 1 week, 2 weeks.	1 day, 2 days, 27 days.
Asphyxia	1 hr., 7 hrs., 12 hrs., 2 days, 5 wks.	20 mins., 6 days, 3 mths., 4 mths.
Asphyxia due to Convulsions...		5 mths.
Convulsions	15 hrs., 2 days.	3 mths.
Congenital Heart Disease ...	1 day, 6 days, 37 days.	2 days, 5 mths.
Cardiac Muscle Failure ...	1 day.	2 mths.
Cerebral compression	9 mths.	
Encephalitis		11 mths.
Gastro-Enteritis	34 days, 41 days.	6 mths.
Haemorrhage, Cerebral ...	6 hrs., 1 day, 1 wk.	
„ Intracranial ...	10 hrs., 3 days.	
Haemorrhagic disease of Thymus	3 mths.	
Hydrocephalus	1 wk.	
Intestinal obstruction		11 mths.
Icterus Neonatorum	6 days.	
Marasmus	52 days.	
Meningitis	3 mths.	
Pneumonia	4 mths., 8 mths., 8 mths.	2 mths.
Broncho-pneumonia	1 wk., 2 mths., 7 mths.	34 days, 39 days, 8 mths.
Acute capillary Bronchiolitis		5 mths.
Pulmonary Oedema		4 days.
Prematurity	1 hr., 4 hrs., 9 hrs. 1 day, 1 day, 3 days, 3 days, 1 wk., 48 days.	5 mins., 50 mins., 1 day, 2 days, 3 days, 6 days, 40 days, 45 days, 2 mths. 2 mths.
Septicaemia		3 wks.
Spina Bifida	1 wk., 30 days.	3 weeks, 34 days, 36 days.
Spinal Meningitis		4 mths.
Uraemia	11 mths.	
Pyelonephritis		5 mths.
Operation for Pyloric Stenosis		3 mths.

Deaths under Four Weeks

The part of the infantile mortality which occurs in the first four weeks of life is called the neo-natal mortality. There were 51 deaths of infants under 4 weeks, giving a neo-natal mortality rate of 20.0 per 1,000 live births.

The causes of death during the first four weeks of life were as follows:—

Causes of Death	0—7 days	8—14 days	15—21 days	22—28 days	Total under 29 days
Pneumonia	1	—	—	—	1
Diarrhoea and Enteritis ...	—	—	—	—	—
Injury at Birth	2	—	—	—	2
Atelectasis	10	1	—	1	12
Congenital Malformations ...	5	—	1	—	6
Premature Birth	14	—	—	—	14
Other Diseases	14	—	—	2	16
Totals	46	1	1	3	51

DEATHS FROM CANCER, 1950

The following table shows the age and sex distribution of all persons who were certified as having died of cancer in Bolton in 1950. The table shows also the localization of the disease.

Lesion	Sex		Age																		
	M	F	0 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 80	80 to 85	85 and upwards
Buccal Cavity: Mouth	1													1		1					
		1															1				
Pharynx	2																	2			
		—																			
Tongue	2													1			1				
		1															1				
Other Sites	—																				
		1																1			
Total—Buccal Cavity	5													1		1	1	2			
		3															2	1			
Digestive Organs: Œsophagus	3									1				1					1		
		4												1		1		1	1		
Stomach	43						1	1		1	1	4	1	4	11	6	7	4	2		
		31										1		2	5	5	6	9	2	1	
Intestines	25											1	2	4	3	2	10	3			
		29											2	2	1	5	10	5	2	2	
Rectum	20													4	6	4	2	1	3		
		11								1		2				1	2	4	1		
Liver	—																				
		3															1	1	1		
Pancreas	5											1		1	2		1				
		6								1				1	1	1	1		1		
Other Organs	2					1								1							
		3													2	1					
Total—Digestive Organs	98					1	1	1		2	1	6	3	15	22	12	20	8	6		
		87								2		3	2	6	9	14	20	20	8	3	

DEATHS FROM CANCER, 1950—*continued*

AGE AND SEX DISTRIBUTION AND LOCALIZATION OF DISEASE

LESION	SEX		AGE																		
	M	F	0 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	60 to 65	65 to 70	70 to 75	75 to 80	80 to 85	85 and upwards
RESPIRATORY ORGANS: Larynx	7													3		2	1		1	
		6													1	1	2	2		
Lungs	36								1		1	4	6	4	7	6	4	3		
		3										1					1	1		
TOTAL—RESPIRATORY ORGANS	43								1		1	4	6	7	7	8	5	3	1	
		9										1			1	1	3	3		
FEMALE GENITAL ORGANS: Uterus		17							1		1	1	1	5	3	2	1	2		
Ovary		9											1	1		1	4		2	
Vulva		3												1			1		1	
TOTAL—FEMALE GENITAL ORGANS		29							1		1	1	2	7	3	3	6	2	3	
BREAST	1								1											
		18										3	5	1	1	1	4	1	1	1
MALE GENITAL ORGANS: Scrotum	1																		1	
Penis	1															1				
Prostate	19														2	5	5	2	4	1
TOTAL—MALE GENITAL ORGANS	21														2	6	5	2	5	1
URINARY ORGANS	7												1	1	2		2	1		
		4											1				1	1	1	
SKIN	2											1							1	
		1																	1	
LYMPHATIC AND HAEMATOPOIETIC TISSUES	7			1				1			1	1	1				2			
		2					1						1							
OTHER OR UNSPECIFIED ORGANS	9		1						1				3	3	1					
		12								1	1	1		1	4	1	1	2		
TOTAL—MALES	193		1	1		1	1	2	3	2	3	12	14	27	34	27	35	16	13	1
TOTAL—FEMALES		165					1		1	3	2	9	10	16	18	20	37	30	14	4
TOTAL—BOTH SEXES	358		1	1		1	2	2	4	5	5	21	24	43	52	47	72	46	27	5

MATERNITY AND CHILD WELFARE

Domiciliary Midwifery and Ante-Natal Work

The following figures give a statistical summary of the work in relation to domiciliary midwifery for the year:—

(*a*) Ante-natal clinics—Public Health Department (2 weekly). Discontinued at the end of March.
156 expectant mothers attended and made 317 attendances.
154 X-ray examinations were made in the department.

(*b*) Confinements conducted by midwives.
563 confinements were conducted by midwives.

(*c*) Confinements conducted by medical practitioners.
In addition to the 173 cases where practitioners were called in by the midwives, the doctors conducted approximately 29 confinements in patients' homes.

The following table gives particulars of the domiciliary midwives' work during the year:—

No. of midwives who have practised	16
No. of cases attended	632
No. of cases receiving Gas and Air Analgesia	445
Average No. of cases per midwife	40
No. of calls for medical aid	173
Per cent. of cases in which medical aid was sought	27.4%
No. of midwives on the register at the beginning of the year	17
No. who ceased to practise in Bolton	2
No. on the register at the end of the year	15

Included in the above are 29 cases attended by the midwives as maternity nurses.

The following 202 notifications were received from domiciliary midwives in accordance with the regulations of the Central Midwives Board:—

Medical assistance	173
Still-births	5
Artificial feeding	23
Death of mother or child	1

MUNICIPAL MIDWIVES

At the end of 1950 there were ten Municipal Midwives practising on the district.

Owing to the decreased demand for domiciliary midwives, the number had been reduced in February by one.

During the year the Municipal Midwives booked 494 cases, 463 as Midwives' cases and 31 as Maternity Nurses.

The Midwives paid 16,390 ante-natal and post-natal visits to their patients during the year.

HEALTH VISITING

During the year the duties of the Health Visitors were broadened to cover a wider field. The follow-up and after-care visits paid to patients discharged from hospitals and also to the chronic sick, were increased. Although many of these visits took some considerable time, it was time well spent. From the 1st April, 1950, the direct responsibility of the Child Welfare Centres was transferred from the Bolton Mother and Child Welfare Association to the Local Authority. At this time, twelve Child Welfare sessions were held each week, two of these being at the Civic Centre and the remainder were held in ten church halls scattered throughout the Borough. Until the end of March, two regular Ante-natal sessions were held per week at the Civic Centre but when these ceased, they were replaced by a consultant clinic which was held once a week where Post-natal cases were also seen. Co-operation with the Bolton District General Hospital was fully established. Each week, one Health Visitor attended the Paediatric Clinic and accompanied the Paediatrician on his ward round. Valuable information was gained and made available to the Department; the knowledge of the home background of those patients known to the Health Visitor was welcomed by the Paediatrician.

In addition to the regular visits to homes, the Health Visitors were in regular attendance at the various clinics, making 1,202 attendances at the Child Welfare Centres, 121 attendances at the Ante-natal Clinics, 51 attendances at the Immunisation Centres and 27 attendances at Post-natal Clinics. They were also available at the Civic Centre between the hours of 9.0 a.m. and 10.0 a.m. and between 1.30 p.m. and 2.0 p.m. for interviewing and advising mothers.

The following table shows the work done by the Health Visitors:—

VISITS BY HEALTH VISITORS

Primary birth enquiries	2,395
Visits to children, 1—5 years	10,138
Primary visits to expectant mothers	246
Re-visits to infants under 1 year	4,484
Re-visits to expectant mothers	61
Visits to puerperal pyrexia cases	4
Visits to ophthalmia cases	1
Death enquiries made (under one year of age)	76
Visits to midwives' houses	—
Infant Life Protection	—
Miscellaneous visits	4,430
Total Visits—	21,835

Child Welfare Centres

Centre	No. of Sessions	Total No. of Attendances	Average No. of attendances per Session
Civic Centre (1)	45	3039	67.5
Daubhill	50	3237	64.7
Halliwell	47	3269	69.6
Rosehill	49	3427	69.9
Civic Centre (2)	49	2357	48.1
Deane	45	1782	39.5
Chalfont Street	45	2640	58.7
Trinity	45	2126	47.2
Delph Hill	46	2283	49.6
Tonge Moor	49	2614	53.3
High Street...	50	3406	68.1
Chorley Old Road	48	2729	56.9

No. of children who attended the Centres during the year... 3,395

Total No. of attendances at the Centres during the year 32,909

No. of children who first attended the Centres during the year, and who on the date of their first attendance were—

(*a*) Under 1 year of age 1,774

(*b*) Over 1 year of age... 113

Massage and Artificial Sunlight Treatment for Infants.

During the year six sessions weekly were held for massage, the number of patients treated was 540, of which 155 were new cases. 1,983 treatments were given at 262 sessions. The majority of the children attending for massage also had a course of artificial sunlight. 479 children had treatment, of these 198 were new cases. 3,398 treatments were given at 172 sessions. Most of these children attended for a second course.

In addition 229 treatments were given to 39 adult tuberculosis patients.

Premature Infants.

Prematurity of birth is the direct cause of about a quarter of the infant deaths in the first four weeks of life and is a contributing cause to the death of other infants. Infants weighing less than 5½ lbs. at birth are regarded as premature. There were 179 premature births notified amongst the 2,537 total births in Bolton during the period under review. Twenty-seven of the premature babies were born at home and 152 in hospital. Seven of the premature babies born at home were subsequently removed to hospital.

One of the 27 premature babies born at home died during the first twenty-four hours of life. Twenty-two survived at the end of one month. Thirteen of the 152 babies born in hospital died during the first twenty-four hours. One hundred and twenty-one survived at the end of one month. 81.5% of the premature babies born at home and 79.6% of those born in hospital survived the first month of infancy.

DAY NURSERIES

The following Day Nurseries are administered by the Health Committee in Bolton:—

Arkwright Street, with accommodation for	44
Newport Street, with accommodation for	60
Shaw Street, with accommodation for	50
Park House, with accommodation for	50
Merehall, with accommodation for	47
Cotton Street, with accommodation for	50
Roxalina Street, with accommodation for	50
TOTAL PLACES AVAILABLE	351

At the request of the Children's Committee under Section 13 (vi) of the Children's Act, twelve places at Park House Nursery are allocated for the use of the Children's Committee for the admission of resident children for short periods.

The total number of children attending the Day Nurseries during the year was 557, and the following gives an analysis of the reasons for attendance:—

Mothers employed in the cotton mills	369
Mothers employed in clothing factory	35
Mothers employed as Nurses in hospital	8
Mothers employed as teachers	1
Mothers employed as Home Helps	1
Mothers employed in domestic work	15
Mothers employed as shop assistants	13
Mothers employed in engineering works	4
Mothers employed in office work	10
Mothers admitted to hospital or sanatorium	99
Mother deserted	1
Mother dead	1
	557

Of these numbers, twenty-five mothers were separated from their husbands, nine were widows and thirty-eight unmarried. The waiting list at the beginning of the year was 279 children and at the end of the year, 303. The Nurseries employed a total of 101 nursing staff, including students and 33 domestic staff. In the Day Nurseries the ratio of staff to children was 1 to 5, exclusive of domestic staff and 1 to 3 in the residential nursery. This number is necessary to enable the staff to keep the nursery open from 7 a.m. to 6 p.m.

MEDICAL CARE

Routine medical inspections are carried out at the Nursery and Diphtheria immunisation is offered to every child.

NURSERY NURSES TRAINING.

Cotton Street and Roxalina Street Nurseries were approved for the training of students for the Nursery Nurses Examination Board Certificate in October, 1950. At the present time, therefore, all the nurseries with the

exception of Newport Street are approved for this training. The students receive lectures in the Technical College, Manchester Road, Bolton, and do their practical training under the direction of the Matrons. It is hoped that the new training centre at 40, Chorley New Road, Bolton, will be opened in early 1951. During the year twenty-seven students were successful in obtaining the Certificate of the National Nursery Examination Board.

NURSERY AND CHILD MINDERS REGISTRATION ACT, 1948.

The following nurseries were registered during the year under this Act:—

Swan Lane Nursery—Swan Lane Spinning Co., Ltd.—accommodation 58.
Coe Street Nursery—Fine Spinners & Doublers Ltd.—accommodation 30.

NURSERIES PREVIOUSLY REGISTERED UNDER THIS ACT.

Lowndes Street Nursery—Fine Spinners & Doublers Ltd.
Greenhalgh & Shaw, Ltd.
T. Hesketh & Son, Ltd.
Knowles Ltd.
United Thread Mills Ltd.
Barlow & Jones, Ltd.

There is a total accommodation for 314 children in these registered industrial nurseries. It is interesting to note that Lowndes Street Nursery and United Thread Mills Nursery are approved as training nurseries and that these are the only industrial nurseries so approved in the whole of the North West.

HOME NURSING

The Home Nursing Service has been extensively used during the year and has proved of great assistance to patients ill in their own homes and to the doctors attending them.

A total of 2,888 patients were nursed entailing 82,113 visits. Nurses were also present at 9 operations.

NEW CASES ARISING DURING THE YEAR.

Adults	2,265
Children under 5	125
School Children 5-15	119
TOTAL	2,509

SUMMARY OF DISEASES NURSED BY THE HOME NURSES

	No. of Cases
INFECTIOUS GROUP:	
Tuberculosis	23
Pneumonia / Influenza	147
Sore Throat and Quinsy	43
SURGICAL GROUP	367

MEDICAL GROUP:

Rheumatoid Arthritis	63
Bronchitis	70
Cardiovascular Disease	215
Rheumatism	17
Threadworms	10
Cerebral Haemorrhage and Seizures—Under 60	42
„ „ „ „ —Over 60	135
Hemiplegia—Under 60	36
„ Over 60	95
Skin disease	13
Cancer	151
Diabetes	130
Pernicious Anaemia	42
Senility	194
Enemata and Bowel Washouts	343
Gynaecological conditions	95
Ear, Nose and Throat conditions	34
	2,265

CHILDREN

Under 5 years		5 to 15 years	
Threadworms	52	Threadworms	46
Pneumonia	10	Pneumonia	14
Constipation	13	Constipation	8
Eczema	3	Eczema	1
Heart disease	1	Rheumatism	1
Measles, Pneumonia	13	Pyelitis	2
Spina Bifida	3	Tubercular Gland of Neck	1
Otitis Media	7	Surgical Dressings	15
After-care of Tonsillectomy	3	After-care of Tonsillectomy	4
Circumcision	3	Otitis Media	27
Surgical Dressings	11		
Other	6		
	125		119

It will be seen that the Home Nurse is in great demand and in the field of her work, covers a wide variety of medical commissions.

NUMBER OF NURSING STAFF EMPLOYED

6 Full-time Queen's Nurses
1 Full-time Queen's Male Nurse
1 Part-time Queen's Nurse
1 Full-time State Registered Nurse
5 Part-time State Registered Nurses
3 Full-time State Enrolled Assistant Nurses

Three motor cars are available for use by Home Nurses. In addition, two nurses possess motor cycles of their own and three use bicycles. The remainder use the normal transport service within the Borough.

DOMESTIC HELP SERVICE

During the year, the Domestic Help Service has greatly expanded. In January, there were 126 Helps (56 full-time and 70 part-time), and 148 in December (53 full-time and 95 part-time).

Section 29 of the National Health Service Act states that Domestic Help may be provided "for households where such help is required, owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective or a child not over compulsory school age;"—thus it will be seen that the terms of reference are extremely wide and the Service is open more or less to all with a reasonable request for consideration.

Applications for such help are received from many quarters; doctors, almoners, ward sisters, district nurses, welfare organisations, health visitors, sanitary inspectors and direct from the patients themselves.

The Domestic Help Service is a very personal Service dealing as it does with human beings who are in difficulties and in need of help. It is an ancillary service which has now a most vital place in the National Health Service. Without it, it is difficult at present to see how some of the other branches of the National Health Service could function efficiently. With the present shortage of nurses, it would be difficult to organise an adequate Home Nursing Service unless some of the non-nursing duties of the trained nurse were taken over in whole or in part by the Domestic Helps.

Many calls for help have to be answered immediately, for example, when a mother of a young family or a person living alone has an accident, or is confined to bed. Every case is individual and usually quite different from what was expected from the application, so, before any help is sent, the Organiser must visit the patient, hear his or her story, find out if any help is available from friends or relatives, explain about the cost and fill in an assessment form. Except in confinement cases or where there are very young children who cannot be left, all day help is rarely provided. Most bed patients can be given their breakfast and dinner and have their house cleaned in the morning and, if no neighbour is available to slip in and make tea, the Domestic Help leaves it beside them in a thermos flask. The Organiser keeps in touch with the patient and with the family doctor, and in consultation with them the number of hours worked by the domestic help is arranged until finally, after full consultation with the patient, the domestic help in charge of the case, the district nurse and the doctor, the services of the domestic help are discontinued.

In most of the post-operational, post-natal, accident, and sickness cases among the under sixties, the patient returns to normal life and the case finishes but now, owing to the shortage of hospital beds and the lack of accomodation for old people in Hostels, the Domestic Help Service is becoming overwhelmed with requests to look after the chronic sick, for whom we shall always have to care. As more and more of these old people are being discharged from hospital, it is becoming increasingly difficult to find Domestic Helps for confinement and emergency cases. Many of these patients coming out of hospitals are bed patients living alone. Knowing the shortage of hospital beds, the service has dealt with every one of these cases that has asked for help. In addition to the chronic sick returning from hospital, there is a long list of blind, hemiplegias, epileptics, and acute rheumatoid arthritis cases who wish to remain in their own homes but can only do so if help is available.

Some of these have been looked after for the past two or three years. They cannot go out and buy food; they cannot cook it; they cannot even poke their own fire because they are afraid of falling in, and, in many cases, the Domestic Helps are giving these old people the kind of service that money cannot buy. As well as doing the housework, shopping and cooking, the Helps are performing the duties of the relative who is lacking, not available, or unwilling to help. They are helping them to dress and to bath themselves, wash their hair and cut their nails; they report foot and eye troubles and when appointments have been made, take their patient to the Bolton Royal Infirmary for treatment. They often perform the last offices and, where relatives live at a distance, may make arrangements for the funeral. In fact, when a woman comes into close personal relationship with an old, unhappy sick person, she uses all her womanly attributes and all the skill that is in her on his behalf. Thus a Domestic Help needs to be much more than a good cleaner. The essential thing is to engage women with a vocation for the work and then to give them a training in using the tools of their job, their mops, buckets, and saucepans. One of the encouraging things about the service is the increase in number of good Helps who are remaining in the service. The best source of recruitment is through the Domestic Helps. The training scheme, started in Bolton in 1949 at Clarence Street Institute, was continued in 1950. The first course of twenty weekly lectures on cooking for the family, invalid cookery, laundry work, hygiene and simple first-aid in the home, finished in March and in order to train a larger number of workers during the year, the next two courses, starting in May and October, were completed in half the time by having lectures on two afternoons a week instead of one. During the winter, there were monthly meetings for all Domestic Helps when they were addressed by the Medical Officer and other officers of the Health Department, on hygiene, precautions to be taken when dealing with infectious diseases, and other subjects which bear on their work. This has increased their general knowledge and helped to make them the sensible and responsible type of persons who could be sent into the homes of the town as representing the Health Department.

As well as educating the Domestic Help, we must also educate public opinion in the unselfish use of this comparatively new social service. The public must not regard the scheme as a state-aided domestic agency nor the Helps as cheap charwomen. The scheme is an emergency service for sickness and is intended to help those who would really suffer unless such help were available. The aged must not consider that they have an automatic claim and even the needs of the chronic sick must be continually reviewed. There are so many emergency demands on the service that permanent help cannot be given to all the old people who really need some assistance with their cleaning. Many of them when they recover from temporary illnesses agree to manage on their own and notify the Organiser if they again become bedfast as they know from experience that help will be sent when they are in urgent need. Thus, with the co-operation of the Domestic Helps and the patients, the service can deal with emergencies and give a feeling of security to the maximum number of Bolton's old folk.

During the year under review, Domestic Helps assisted in 885 homes, including 721 for the first time. Of the new cases, 142 were maternity and 579 general sickness, infirmity and senility.

Fees are recovered for the services provided in accordance with a Scale of Charges approved by the Council. The following tables show the

number of cases where the service was provided free of charge, at part cost or at full cost.

Maternity Cases supplied with Domestic Help

No. provided free of charge	9
,, ,, and part cost recovered	127
,, ,, ,, full ,, ,, ...	6
Total	142

Cases of Sickness and Infirmity supplied with Domestic Help

No. provided free of charge	348
,, ,, and part cost recovered	185
,, ,, ,, full ,, ,, ...	46
Total	579

AMBULANCE SERVICE

There was a further increase in the work of the Ambulance Service during the year. An additional Sitting-Case Car came into service and was used considerably.

The Ambulance Service consists of 10 Ambulances and 3 Sitting-Case Cars, one of which was purchased in October of this year. The personnel consists of a Superintendent and a Deputy Superintendent; 26 Drivers, 4 Attendants; 1 Foreman Mechanic; 1 Mechanic; and 1 full-time Clerk.

The following table gives a brief summary of the work of the department.

(1)		Total number of journeys during the year (2)	Total number of patients carried during the year (3)	Number of accident and other emergency journeys included in col. (2) during the year (4)	Total mileage during the year (5)
Directly provided service	Ambulances	7,779	26,242	3,284	83,957
	Cars	3,112	4,145	107	29,831
Agency service for Turton area of Lancashire	Ambulances	1,066	1,412	157	12,031
	Cars	177	197	6	2,547

The following tables show the variety of work undertaken by the Ambulance Service.

Transport of Patients to and from Hospitals, and Other Routine Journeys

	Patients			Miles		
	Ambulances	Sitting-Cars	Total	Ambulances	Sitting-Cars	Total
January	1,763	290	2,053	6,570	2,405	8,975
February	1,792	286	2,078	5,410	2,306	7,716
March	1,803	338	2,141	5,562	2,734	8,296
April	1,721	322	2,043	4,813	2,332	7,145
May	2,081	354	2,435	5,747	2,981	8,728
June	2,192	331	2,523	6,317	2,228	8,545
July	2,032	308	2,340	5,963	2,051	8,014
August	1,859	350	2,209	5,467	2,352	7,819
September	1,686	332	2,018	5,063	2,184	7,247
October	2,021	328	2,349	5,618	2,232	7,850
November	2,119	436	2,555	5,901	2,641	8,542
December	1,880	375	2,255	5,996	2,803	8,799
Total	22,949	4,050	26,999	68,427	29,249	97,676

The following table gives an analysis of the emergency and other duties, apart from routine transport of patients, performed by the Ambulance Service month by month during the year. The figures are those of the number of patients in each category who were transported by ambulance.

Type of Case	Jan	Feb	Mar	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Emergency:													
Collapse	32	20	26	29	28	25	40	35	31	28	33	41	368
Road Accidents	28	14	13	31	26	31	24	29	22	19	35	21	293
Industrial	16	18	22	21	20	24	39	23	16	19	15	14	247
Drowning, etc.	1	—	1	1	2	—	1	—	—	—	—	—	6
Poisoning, etc., Gassing	1	1	1	2	—	—	1	1	2	1	—	1	11
Burns or Scalds	12	8	5	2	10	8	7	3	5	7	8	4	79
Accidents in the Home	20	12	20	19	19	34	24	24	16	19	17	26	250
Epilepsy	4	1	2	4	4	5	7	10	11	5	7	2	62
Fights and Drunks	2	2	3	3	2	8	7	2	9	9	4	12	63
Attempted Suicides	—	1	3	1	2	4	3	—	1	—	2	1	18
Dead on Arrival	—	—	—	—	—	—	1	1	—	—	—	2	4
Misc. Accidents	24	23	32	36	58	41	37	55	40	39	45	37	467
Total Emergencies	140	100	128	149	171	180	191	183	153	146	166	161	1,868
Maternity:													
Townleys Hospital	55	55	73	91	99	72	78	104	84	80	83	79	953
Other Maternity Homes	37	30	37	35	40	54	39	64	65	53	65	52	571
Births in Ambulance	—	1	—	—	—	—	—	—	—	—	—	—	1
Born on Arrival	—	—	—	—	2	—	—	—	1	2	2	1	8
Total Maternity Cases	92	86	110	126	141	126	117	168	150	135	150	132	1,533
Long Journeys (60 miles or more)	5	1	7	4	7	4	6	3	2	3	2	10	54
Supply of Analgesia Apparatus to Confinements	64	66	79	54	47	68	48	51	46	39	30	40	632

AGENCY ARRANGEMENTS.

The Ambulance Service carries patients from the Turton area by arrangement with the Lancashire County Council.

The following tables show the variety of work undertaken by the Ambulance Service for patients living in the Turton area.

Transport of Patients to and from Hospitals, and Other Routine Journeys

	PATIENTS			MILES		
	Ambulances	Sitting-Cars	Total	Ambulances	Sitting-Cars	Total
January	110	6	116	911	110	1,021
February	88	13	101	804	252	1,056
March	113	21	134	967	311	1,278
April	88	18	106	649	323	972
May	114	12	126	1,215	136	1,351
June	95	8	103	871	97	968
July	100	6	106	705	69	774
August	127	14	141	757	170	927
September	89	19	108	785	322	1,107
October	112	12	124	850	109	959
November	119	22	141	877	307	1,184
December	113	24	137	1,022	267	1,289
TOTAL	1,268	175	1,443	10,413	2,473	12,886

The following table gives an analysis of the emergency and other duties, apart from routine transport of patients, performed by the Ambulance Service for persons living in the Turton area during 1950.

Type of Case	Jan	Feb	Mar	Apl	May	June	July	Aug	Sep	Oct	Nov	Dec	TOTAL
EMERGENCY:													
Collapse or Sudden Illness	—	—	1	—	—	—	—	1	—	1	1	1	5
Road Accident	1	3	1	—	4	4	1	2	4	1	5	—	26
Accidents in the Home	2	3	2	—	2	3	2	2	—	2	—	1	19
Burns or Scalds	—	—	—	—	—	—	—	—	—	—	1	—	1
Fights, Drunks	—	—	1	—	—	—	—	—	—	—	—	—	1
Industrial Injuries	2	3	—	1	1	—	—	3	2	1	4	—	17
Misc. Accidents	3	—	1	2	1	1	1	1	1	—	1	1	13
TOTAL EMERGENCIES	8	9	6	3	8	8	4	9	7	5	12	3	82
MATERNITY CASES:													
Townleys Hospital	4	5	3	12	4	6	8	6	4	5	5	6	68
Other Maternity Homes	—	2	3	1	2	—	1	2	1	—	—	1	13
TOTAL	4	7	6	13	6	6	9	8	5	5	5	7	81
LONG JOURNEYS	—	—	—	—	1	1	—	—	1	—	—	—	3

NOTIFIABLE INFECTIOUS DISEASES

Prevalence and Mortality

The table below shows the number of cases of notifiable diseases notified in Bolton in 1950, and the deaths resulting from such diseases.

Notifiable Diseases (other than Tuberculosis) during the Year 1950

Disease	Total Cases Notified	Total Deaths
Smallpox	—	—
Scarlet Fever	149	—
Diphtheria	20	1
Enteric Fever (including Paratyphoid)	—	—
Relapsing Fever (Undulant)	—	—
Food Poisoning	4	—
*Pneumonia	56	78
Puerperal Pyrexia	3	—
Meningococcal Infection	3	—
Acute Poliomyelitis	5	—
Acute Polioencephalitis	—	—
Encephalitis Lethargica	—	—
Dysentery	29	—
Ophthalmia Neonatorum	1	—
Erysipelas	30	—
Malaria	—	—
Measles	1881	1
Whooping Cough	583	2

*The cases notified are Acute Primary and Acute Influenzal, but the deaths include all forms of Pneumonia.

For the purposes of comparison, the number of cases of Measles, Whooping Cough, Scarlet Fever, Diphtheria, Cerebro-spinal Fever and Meningococcal Infection, notified during the last ten years is shown in the following table.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Measles	499	1445	763	1076	1324	239	2082	2360	522	1881
Whooping Cough	590	39	679	214	151	264	231	363	431	583
Scarlet Fever	537	421	289	410	308	182	229	636	296	149
Diphtheria	249	270	197	142	125	87	18	9	32	20
Cerebro-Spinal Fever	42	16	10	8	7	5	16	3	2	—
*Meningococcal Infection	—	—	—	—	—	—	—	—	—	3

*It will be noticed that following the Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949, Cerebro-spinal Fever is now notifiable as "Meningococcal Infection."

Scarlet Fever.

There was a marked fall in the notifications of Scarlet Fever received and this year's figure was the lowest for the last ten years. Generally speaking, Scarlet Fever remains mild in character and no fatal cases occurred.

Diphtheria.

There was a fall in the number of notifications of Diphtheria received. Although 20 cases were notified, in only 6 was the diagnosis confirmed. There was one death. Diphtheria is a preventable disease and by continuing the immunisation programme it should be possible to eliminate it entirely.

The accompanying diagram shows the fall in notifications received during the last ten years and demonstrates that the immunisation programme had a marked effect upon the incidence of this disease.

Number of cases of Diphtheria notified during 1940-1950



Meningococcal Infection and Poliomyelitis.

Notifications of Meningococcal Infections fell and the incidence of Poliomyelitis during the year was low (5 cases only), but there were two deaths due to the late effects of the disease in persons contracting it in earlier years. Over the whole country there have been in general fewer cases of Poliomyelitis during 1950.

Dysentery.

There was a rise in the number of cases of Dysentery notified. Although there was no definite epidemic, a considerable number of cases were found in different areas of the town, many of them in young children.

Measles and Whooping Cough.

A severe epidemic of Measles occurred in 1950. The outbreak started in July and August. The number of cases notified weekly rose sharply in November and December. A total of 1,881 cases were notified and one death occurred.

There was an epidemic of Whooping Cough in January and February, but notifications continued to be received throughout the year. A total of 583 cases occurred with two deaths.

Food Poisoning.

4 cases of Food Poisoning were notified during the year. The first in June was due to Salmonella Typhimurium. In July 2 cases occurred; in the first it was impossible to trace the organism, and in the second Salmonella Typhimurium was responsible. In October a further case occurred due to Salmonella Typhimurium.

Diphtheria Immunisation

The immunisation of children against Diphtheria has continued throughout the year under review. Facilities are available for this service at all the Child Welfare Centres, and a special clinic is held each week at the Civic Centre solely for this purpose. The following table shows the number of children immunised during the year 1950.

IMMUNISATION, 1950

Age	Completely Immunised	Reinforcing Injections	Total
0—1	835	—	835
1—2	606	—	606
2—3	94	—	94
3—4	72	24	96
4—5	53	80	133
Total 0—5	1660	104	1764
5—6	93	255	348
6—7	83	313	396
7—8	63	169	232
8—9	54	137	191
9—10	43	35	78
10—11	7	31	38
11—12	9	14	23
12—13	2	5	7
13—14	—	7	7
14—15	1	2	3
Total 5—15	355	968	1323
15 years and over	2	4	6
Grand total	2017	1076	3093

The estimated mid–1950 Population of children under 5 was 13,790. Of these, 6,754 had been immunised up to the 31st December, 1950, a percentage of 48.97.

The estimated mid-1950 Population of children aged 5—14 years was 20,980. Of these, 16,094 had been immunised up to 31st December, 1950, a percentage of 76.71.

The total estimated mid-1950 Population of children aged 0—14 years inclusive, was 34,770, and of these, 22,848 had been immunised up to 31st December, 1950, a percentage of 65.71.

There has been, unfortunately, a fall in the number of children under the age of 5 who have been completely immunised but this can be attributed partly to the fall in the number of births taking place. It is of paramount importance that the Diphtheria Immunisation Campaign is maintained at a high level.

VACCINATION

Until the 5th July, 1948, when the National Health Service Act came into force, vaccination was compulsory for every baby unless the father claimed exemption on conscientious grounds. Since that date, however, vaccination is voluntary and the number of infants under the age of one vaccinated has fallen from 692 in 1946 to 510 in 1950.

There are no arrangements for infants to be vaccinated at clinics and parents are advised to consult their family doctor. A letter is sent to the parents of every child born within the borough, or whose parents normally reside within the borough, advising them to consult their doctor about vaccination. In addition, the Health Visitors, on their visits to the home, advise parents about vaccination.

The following table shows the number of persons vaccinated or re-vaccinated during 1950:—

Age at 31st Dec., 1950 i.e., born in years	Under 1 1950	1 to 4 1946 to 1949	5 to 14 1936 to 1945	15 or over before 1936	Total
Number Vaccinated ...	510	53	62	76	701
Number re-vaccinated	—	7	12	191	210

Deaths from Infectious Diseases

The deaths in Bolton attributed to the various epidemic diseases are shown in the following table for the years 1941 to 1950:—

Causes of Death from Epidemic Diseases

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	1	1	—	—	1	—	—	1	—	—
Diphtheria and Memb. Croup	16	13	6	5	2	3	3	—	—	1
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Measles	3	5	4	5	10	—	3	1	—	1
Whooping Cough	10	1	2	1	3	2	5	2	2	2
Diarrhœa and Enteritis under 2 years of age ...	22	34	6	12	8	8	10	6	2	5
Erysipelas	—	—	—	1	—	—	1	—	—	—
Puerperal Sepsis...	2	—	3	3	—	2	1	—	—	—
Cerebro-spinal Fever... ...	6	2	4	1	3	2	3	1	1	—
Encephalitis Lethargica ...	1	3	8	4	3	4	9	1	3	—
Influenza	23	21	88	24	7	28	11	2	29	26

TUBERCULOSIS

The total number of new cases notified in 1950 was 105 as compared with 119 in 1949. Eighty-nine of the new cases were respiratory tuberculosis and 16 were non-respiratory tuberculosis.

Age and Sex Distribution of Cases of Tuberculosis notified in Bolton in 1950.

Respiratory Tuberculosis Notifications

Sex	Ages											Total
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males	—	2	2	1	3	8	14	13	7	5	3	58
Females	—	—	2	4	3	3	11	3	3	1	1	31
Total	—	2	4	5	6	11	25	16	10	6	4	89

NON-RESPIRATORY TUBERCULOSIS NOTIFICATIONS

Sex	Ages											Total
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males	—	—	4	2	—	1	1	—	1	—	—	9
Females	—	1	2	1	—	1	—	2	—	—	—	7
Total	—	1	6	3	—	2	1	2	1	—	—	16

DEATHS FROM TUBERCULOSIS

Forty-three Bolton residents were certified as having died of tuberculosis during 1950. This compares with 64 in 1949.

Twenty-four of these deaths took place in institutions.

The age and sex distribution of those who died from tuberculosis are given in these tables:—

RESPIRATORY TUBERCULOSIS DEATHS

Sex	Ages									Total
	Under 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males	—	—	—	2	2	5	7	7	1	24
Females	—	—	—	—	3	4	3	2	—	12
Total	—	—	—	2	5	9	10	9	1	36

NON-RESPIRATORY TUBERCULOSIS DEATHS

Sex	Ages									Total
	Under 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	
Males	—	—	1	—	1	1	1	1	—	5
Females	—	—	—	—	—	2	—	—	—	2
Total	—	—	1	—	1	3	1	1	—	7

In 11 cases the disease had not been notified during life. Seven of these cases died in institutions, and the diagnosis was made after death.

There was a welcome drop in the number of cases notified and also in the number of deaths from this disease.

CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, the responsibility for the provision of schemes for the Prevention of Illness, the Care of persons suffering from illness, mental defectiveness or the After-Care of such persons, falls upon the Local Authority.

The Local Health Authority is empowered to institute schemes which will have as their end the prevention of illness. Under this Section the Local Authority can institute schemes for B.C.G. Vaccination, convalescent homes for persons requiring such facilities, the care of mental defectives, and the provision of workshops for the rehabilitation of persons suffering from Tuberculosis, (these are usually set up in conjunction with other local authorities).

In undertaking these schemes, it is necessary for the closest liaison to be maintained between the voluntary organisations, the Regional Hospital Boards and the local medical practitioners in order to prevent overlapping or duplication of services.

ADMISSION TO CONVALESCENT HOMES

Arrangements are made for the admission to Convalescent Homes of persons requiring a period of rest and convalescence after illness or due to ill-health. The responsibility for the convalescence of persons requiring medical treatment is the responsibility of the hospital authorities but the local authority can make arrangements for periods of rest not involving actual treatment.

During 1950, 61 persons were admitted to convalescent homes under arrangements made by the Health Department.

(*a*) Brentwood Recuperative Centre for Mothers and Children.

Brentwood Recuperative Centre, Marple, caters mainly for mothers of limited resources with young children. Suitable cases for admission are those who need a period of recuperation after treatment in hospital, or for mental and physical distress arising from difficult home circumstances, bad housing, etc.

The Centre provides for mothers accompanied by their children, below the age of seven. Provision is not made for women who require medical care or special diet, or who are epileptics. A doctor is available in emergency.

The period of residence varies according to the needs of each family from one to two months, and at present there is accommodation for only nine families. Extensions to the Centre are being planned.

The Local Health Authority recommended 20 families (20 mothers and 43 children) for admission to the Centre during 1950. Sixteen families were admitted, 5 of whom had been recommended for admission during 1949. Family income and expenditure is assessed and a charge is made according to the means. Most families are able to afford the charges but 2 families were

in such poor circumstances that the fees were wholly paid by this Authority. Five families cancelled their applications and made other arrangements. The remainder expected to be admitted during the early part of 1951.

Health Visitors recommending families for admission to Brentwood have paid great tribute to the work of the Warden and Staff. Families are encouraged to adjust their personal and domestic difficulties and to develop good social habits.

(*b*) Other Homes.

During 1950, five adults were recommended by the Local Health Authority for a period of convalescence of two weeks in each case, and accommodation was found for them in various Centres. The 3 men were admitted to the Grey Court Fellowship Guest House at Hest Bank, the West Hill Convalescent Home at Southport, and the Blackburn and District Convalescent Home at St. Annes-on-Sea, respectively. The 2 women were admitted to the Grey Court Fellowship Guest House at Hest Bank. All derived benefit from the change of air and the rest.

Applicants for convalescence are assessed on their income and expenditure as in the case of those for Brentwood, and in 4 cases the Local Health Authority paid the full fees for accommodation.

HEALTH EDUCATION

During the year, numerous lectures on the work of the Public Health Department and on the Prevention of Infection of Food were given to various organisations. Arrangements are being made to expand this service. In addition to lectures given by the staff, leaflets dealing with the best methods of preventing various illnesses are available within the Department for distribution to the public in general.

COMMUNITY CARE OF THE MENTALLY ILL

The After-Care and Mental Health Sub-Committee of the Health Committee consists of the Mayor, the Chairman and Vice-Chairman of the Health Committee, and thirteen members of the Health Committee. The Sub-Committee meets at regular monthly intervals.

The Medical Officer of Health is responsible for the work of the Mental Health Section, assisted by his medical staff and one Duly Authorised Officer (Male). The Department works in close co-operation with the Regional Hospital Board who have established a bed bureau for the admission of patients suffering from mental illness.

The duties arising from the care and supervision of patients suffering from mental illness and mental deficiency, under the National Health Service Acts, 1946-1949, may be summarised as follows:—

1. Domiciliary services, i.e., the ascertainment of cases of mental illness and mental deficiency.
2. The Statutory Supervision of defectives in the community, those on licence from institutions or under Orders of Guardianship.
3. The obtaining of detention and reception orders under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938.

4. The conveyance of patients suffering from mental illness or mental deficiency to hospitals or certified institutions.

5. The obtaining of social histories of patients admitted to mental hospitals including statistical information.

6. The making of home reports on mental patients who are being considered for discharge from mental hospitals.

7. The making of reports on mental defectives who are about to be seen by the Statutory Visitors for the purpose of recertification in accordance with the requirements of the Mental Deficiency Acts.

8. Provision of an after-care service for patients who have been in hospital for mental illness.

9. Reports of the home conditions of mental defective patients in institutions who are being considered for licence.

10. The making of statutory reports on those patients residing in the community or under Orders of Guardianship.

ACCOUNT OF WORK UNDERTAKEN DURING THE PAST YEAR.

(1) UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

During the year information was received by the Duly Authorised Officer regarding 109 cases of persons requiring treatment for mental disorders and these were disposed of as follows:—

103 (47 males and 56 females) were admitted into mental hospitals on various Orders under sections 16, 20 and 21 (1) of the Lunacy Act, 1890.

6 cases notified were examined at their homes under the provisions of section 17 of the Lunacy Act, 1890, and medical certificates issued stating they were not proper persons to be detained under care and treatment and no action was taken.

Of the 103 cases admitted into mental hospitals, 24 (17 males and 7 females) were later transferred by the Duly Authorised Officer to other mental hospitals as certified patients under section 16 of the Lunacy Act, 1890.

Every effort has been made to extend the use of the voluntary case procedure under section 1 of the Mental Treatment Act, 1930, and the number of patients desirous of taking advantage of this procedure is increasing as a result of which 103 patients (40 males and 63 females) were admitted direct to mental hospitals either on the recommendation of the visiting psychiatrist of the local clinics or in co-operation with their medical attendants or the Duly Authorised Officer.

The acute shortage of beds in mental hospitals proper and in the observation wards is still a cause for much anxiety, for female patients especially, and the lack of 'section 20 accommodation' in particular has greatly hindered the taking of initial action by the Duly Authorised Officer. The beds available are proving inadequate to meet the many claims made upon them and there is a consequent delay in obtaining the admission of acute patients. In the past, instant on the spot action was taken with acute cases who were immediately placed under care and control in section 20 accommodation which was always available. The effect of this delay is extremely harmful and at times constitites a very serious and dangerous position both to the patients themselves and to their relatives.

At the year end there were 9 female patients' names on the waiting list for admission who, at the present rate of progress, are not likely to be dealt with for some considerable time. There is also a fairly long waiting list at the Bed Bureau which serves this area and immediate admission cannot always be arranged even for patients who cannot satisfactorily be dealt with at their homes or cases of patients living alone and without relatives available.

Shortage of the requisite mental hospital accommodation for Voluntary Patients has at times also been experienced.

Notification of old people and their certification under the Lunacy Acts increased during the year. It is anticipated that the provision of long-stay annexes by the Hospital Management Committee will, it is hoped, do much to prevent the certification of old people and serve also to make mental hospital accommodation available for the acute case.

During the year the Duly Authorised Officer has been responsible for obtaining information for the various mental hospitals which resulted in the making of 86 visits in connection therewith on the following matters:—

Visits in connection with the completion of social histories of patients admitted into mental hospitals 45

Visits in connection with the completion of home reports for patients who are being considered for discharge from mental hospitals 41

In addition 110 visits were made in connection with the preparation of case notes of persons alleged to be of unsound mind and 98 visits made to the homes of patients discharged from mental hospitals and after-care reports duly made as to their welfare.

The number of all classes of mental patients, certified, temporary and voluntary, receiving treatment in mental hospitals on the 31st December, 1950, were:—

Males	Females	Total
223	300	523

(2) Under the Mental Deficiency Acts, 1913-1938.

11 cases were ascertained during the year and found 'Subject to be dealt with' under the Mental Deficiency Acts and were placed under Statutory Supervision in the community.

1 case found guilty of an offence was dealt with at the local police court and admitted by the Duly Authorised Officer into an institution for mental defectives under section 8 (1) (*b*) of the Mental Deficiency Acts.

1 case which was reported and found not subject to be dealt with under the Mental Deficiency Acts was, in co-operation with the relatives of the patient, placed under voluntary supervision.

5 cases previously ascertained as 'Subject to be dealt with,' and placed under statutory supervision in the community, were admitted during the year into institutions for mental defectives under section 6 of the Mental Deficiency Acts.

A most unsatisfactory position exists in securing accommodation in institutions for mental defectives and great difficulty is still being experienced in obtaining vacancies for active cases. There are in the community 8 defectives

awaiting such vacancies and institutional care is urgently required and most desirable for 3 of these cases.

386 visits were made during the year to the homes of mental defectives under Statutory and Voluntary Supervision and reports duly made on their general care and home conditions.

Visits were also made in the obtaining of information for the various institutions concerned, at the request of the Medical Superintendents, and reports duly furnished on the following matters:—

Visits to the homes of mental defectives who are being considered for holidays and short licence	53
Visits in connection with progress reports of mental defectives who are on long licence from institutions...	37
Visits on home circumstances, etc., for patients who are about to be seen by the Statutory Visitors for the purpose of recertification in accordance with the requirements of section 11 of the Mental Deficiency Acts	64

On the 31st December, 1950, there were 122 defectives under supervision in the community as follows:—

	Males	Females	Total
Under Guardianship:			
Aged 16 years and over	1	1	2
Under Statutory Supervision:			
Under 16 years of age	11	15	26
Aged 16 years and over	41	36	77
Under Voluntary Supervision:			
Aged 16 years and over	6	2	8
On Licence from Institutions:			
Aged 16 years and over	3	1	4
Action not yet taken under any one of the above headings	3	2	5
	65	57	122

Number of ascertained mental defectives found 'subject to be dealt with' who were in institutions for mental defectives on the 31st December, 1950 (excluding cases on licence therefrom) were:—

	Males	Females	Total
Under 16 years of age	8	11	19
Aged 16 years and over	93	83	176
	101	94	195

(3) Training.

Owing to shortage of staff and lack of suitable premises, no Occupation Centre is yet available in Bolton and no Home Teaching has yet been undertaken but it is hoped that these will be forthcoming in the near future.

WATER SUPPLIES

The Waterworks Engineer reports as follows:—

(i) The water supply of the area and of its several parts was satisfactory both as regards quality and quantity.

(ii) The water supply of the area is filtered at five filter stations. Normally samples of both the raw and filtered water are subjected to full bacteriological examination each week and to full chemical analysis each month by the Borough Analyst. Special examinations and analyses are made as circumstances require.

During 1950, 243 samples of raw and 242 samples of filtered water received bacteriological examination, and 60 samples of both raw and filtered water received chemical analysis. The results showed that generally filtration and treatment of the raw water were necessary, and that the filtered and treated water was of excellent quality, B.Coli being absent in almost all cases in 100 mils. All water is filtered and treated before passing into supply.

(iii) From tests made weekly the water was shown to have no plumbo-solvent action.

(iv) No action was required to be taken in respect of any form of contamination.

(v) The public water mains afforded a direct supply to a population of approximately 168,000 and 54,350 dwelling-houses—no supply was afforded to dwelling-houses by stand-pipes.

ATMOSPHERIC POLLUTION

In previous reports, the necessity for a clean atmosphere has been stressed and during this year, an effort has been made to make a survey for a Smokeless Zone and an Advisory Panel has been set up to examine the proposals concerning boiler installations.

SMOKELESS ZONES

Preliminary Survey of Central Area

The Corporation has power under Section 43 of the Bolton Corporation Act, 1949, to prescribe certain areas in which the emission of smoke from any premises is prohibited.

The creation of a smokeless zone in the town centre of Bolton would undoubtedly be a considerable step forward in the cause of smoke abatement. Consequently, a large area bounded by St. George's Road, Bank Street, Bradshawgate, Great Moor Street and Moor Lane was selected for survey.

Bolton's town centre, whilst substantially of a business and residential character has, however, certain particular problems created by the existence of industrial premises, particularly textiles and metallurgical processes, within its bounds.

In the business and residential premises it was interesting to find that a very large number of the old-fashioned, smoke-producing firegrates, fire-ranges and washing-coppers, whilst still in existence, were no longer in use. Further particulars and comments on the survey are contained in Appendix 'A'. (page 53).

"PRIOR APPROVAL" OF BOILER PLANTS

Under Section 44 of the Bolton Corporation Act, 1949, the Corporation has power to examine any proposals submitted to them by industrialists relating to furnaces and boiler installations used for trade or manufacturing processes.

The Panel set up to advise the Health Committee in relation to any such proposals comprises the following:—

Regional Engineer, Ministry of Fuel and Power.
Industrialists' Representative (Combustion Engineer).
S. N. Duguid, B.Sc.
Medical Officer of Health.
Chief Sanitary Inspector.
Borough Engineer.

In addition to the Corporation's officers, the Ministry of Fuel and Power were invited to nominate a representative, and this appointment has been particularly valuable in view of the condition laid down in the Act that no proposal shall be disapproved without consultation with the Ministry.

Mr. L. Shufflebotham, an Engineer of the Fine Spinners and Doublers Limited, was invited to accept nomination on behalf of industrial interests in Bolton.

Mr. S. N. Duguid is a well-known consultant on boiler house efficiency.

By the end of the year, the Panel had drawn up a "Code of Requirements" which must be met if the Corporation's approval is to be given to any particular installation. (See Appendix 'B', page 56). This Code has been circulated to all appropriate firms in Bolton.

DEPOSIT GAUGES

Records of Deposits Expressed as Tons per Square Mile per Month

Month	Tonge Fold Farm	Haver-croft	Royal Infirmary	Fever Hospital	Police Sports Ground	Astley Bridge Cemetery
January ...	23.04	13.28	19.16	15.01	23.76	17.40
February ...	39.03	15.12	14.27	30.87	56.10	29.17
March ...	15.42	5.43	23.60	13.35	52.24	*
April ...	18.27	15.35	41.10	27.58	51.45	18.04
May ...	11.59	5.03	14.91	13.90	28.50	11.87
June ...	32.15	7.64	19.80	13.68	43.14	11.14
July ...	17.01	7.41	11.63	9.16	27.86	21.53
August ...	20.77	11.52	14.27	33.00	40.50	20.04
September ...	24.10	16.19	33.81	26.19	36.82	18.61
October ...	18.07	11.86	14.21	19.56	20.04	16.81
November ...	32.27	22.42	30.80	29.62	66.87	27.48
December ...	‡	‡	17.01	‡	91.75	26.93
Total ...	251.72	131.25	254.57	231.34	539.03	219.02
Monthly Average ...	22.88	11.93	21.21	21.08	44.92	19.91

*No collection—gauge damaged.
‡Bottle broken by frost.

SANITARY INSPECTION

The nature and extent of the work done by the Sanitary Inspectors is shown in the following statement:—

Inspections	39,202
Action Taken:	
Verbal notices	614
Informal notices served	2,372
Legal notices served	4,005
	6,991

RESULT OF ACTION

Dwellings:	
Repairs to floors, walls, ceilings, roofs, spouting	2,717
Additional windows provided	26
Windows repaired or made to open	458
Sinks provided	27
Verminous houses disinfested	300
Drainage, Closets, Ashpits, etc.:	
Drains cleansed or repaired	481
Yards drained, paved or repaired	23
Additional W.C's provided	60
W.C's reconstructed or repaired	224
Flushing cisterns provided or repaired	89
Closets converted	125
Ashpits abolished	2,277
Dustbins provided	3,096
Various:	
Smoke nuisances abated	2
Nuisances from animals abated	2
Offensive accumulations removed	15
Improvements in factories, shops and food premises	305
Improvements in dairies	15
Miscellaneous	727
	10,969
Disinfections:	
Houses disinfected	260
Beds disinfected	307
Articles disinfected	988
Rooms disinfected	230
Articles destroyed	147

PLACES UNDER INSPECTION:

Common lodging-houses	4
Houses-let-in-lodgings	102
Factories without mechanical power	180
Factories with mechanical power	1,027
Factory chimneys	205
Bakehouses	383
Fish friers' premises	204
Premises where food is prepared	585
Outworkers' premises	17
Offensive trades	14
Slaughterhouses (in actual use)	3
Dairies	30
Milk shops	582
Theatres, cinemas, etc.	41
Travelling Vans	25

Common Lodging-houses

The number of registered common lodging-houses in Bolton at the end of the year was 4. These are used by males only and accommodate a total of 259 men.

STATUTORY NOTICES SERVED DURING 1950

PUBLIC HEALTH ACT, 1936:

Sec. 39 (Drainage defects)	246
Sec. 45 (Defective closet accommodation)	73
Sec. 75 (Provision of dust bins)	3,154
Sec. 93 (Nuisances, general defects)	440
HOUSING ACT, 1936:	
Sec. 9 (General Repairs)	29
OTHER	63
TOTAL	4,005
STATUTORY NOTICES COMPLIED WITH	3,582
STATUTORY NOTICES OUTSTANDING	423
WORK CARRIED OUT BY CORPORATION IN DEFAULT OF OWNERS:	
Public Health Act, 1936	51
Housing Act, 1936	4

LEGAL PROCEEDINGS

PUBLIC HEALTH ACT, 1936, SECS. 39 and 93:

69, THYNNE STREET. A Nuisance Order was made in respect of the above-named dwelling-house and a fine of £5 was imposed. For failing to comply with a notice served under Section 39 of the Public Health Act, 1936, a fine of £5 was imposed.

Public Health Act, 1936, Sec. 95:

For failing to comply with a Nuisance Order made on 21st July, 1949, in respect of the premises 16 St. George's Street, a penalty of 5/- per day for 130 days was imposed. (£32 10s. 0d.).

Housing Act, 1936

Individual Unfit Houses not Repairable

Thirty-four houses were demolished under Section 11 of the Housing Act, 1936; in addition eleven houses were the subject of undertakings not to re-let for human habitation. Four of the houses were unoccupied and the tenants of the remainder were re-housed by the Corporation.

CONVERSION OF WASTE WATER CLOSETS AND FIXED ASHPITS

Waste Water Closets.

During the year, 125 waste water closets were converted to fresh water appliances and in 6 cases the Corporation made a grant of £8 per house towards the cost of the work.

Ashpits:

The work of abolishing the fixed ashpits has been continued vigorously during the year and 2,277 ashpits have been abolished; 2,207 by contract at a cost to the Health Committee of £3,210 18s. 2d., and a further 68 at the expense of the Cleansing Committee. This compares favourably with the progress made annually since the inception of the scheme. All the ashpits were disinfected prior to their abolition.

The total number of fixed ashpits abolished since the inception of the scheme is 7,052; 6,691 by contract and 361 at the expense of the Cleansing Committee.

REGISTRATION OF HAIRDRESSERS

Byelaws relating to Hairdressing Establishments

Under the Bolton Corporation Act, 1949, Hairdressers and their premises are required to be registered with the Local Authority, and Byelaws for the promotion of hygienic and cleanly practises in hairdressing premises came into operation on 1st July, 1950. At that time there were 197 establishments covered by the Byelaws, and the proprietors in general readily complied with their obligations regarding registration, but in one case legal proceedings were necessary, the offender being fined £2.

All the hairdressing establishments in Bolton were surveyed, and a Report was presented to the Health Committee in October, 1950. Whilst the Survey was in progress, Dr. G. B. Manning, Pathologist at the Bolton Royal Infirmary, carried out experiments concerning the sterilising powers of the Formaldehyde Vapour Cabinet, frequently seen in hairdressing establishments, with very satisfactory results.

A summary of the main findings of the survey is to be found in Appendix 'C' (page 59).

DISINFESTATION SERVICE 1950

The Disinfestation Officer carried out the following work. All insecticides used contained D.D.T.:—

Dwelling Houses

Bed Bugs	132
Cockroaches	86
Fleas	12
Silverfish	3
Golden Spider Beetles	4
Moths	1
Wasps	2
Bees	1
Crickets	1
General and Precautionary Disinfestation	58
TOTAL	300

Industrial Premises

All types of Vermin	43

MUNICIPAL MEDICAL BATHS

The following cases have been treated during 1950:—

	ADULTS		
	Males	Females	CHILDREN
Body Lice	38	6	25
Head Lice	7	10	331
Pubic Lice	2	3	—
Scabies	9	10	40
Impetigo	—	2	11
TOTALS	56	31	407

DESTRUCTION OF RATS AND MICE

1. PREVALENCE OF RATS AND MICE

Type of Property	(i) Number of properties in Local Authority's Area: Total	(ii) in which infestation was: Notified by Occupier	(iii) Otherwise discovered	(iv) Recorded (Total of (ii) & (iii))	(v) Analysis of Col. (iv): Number infested by *Rats: Major	*Rats: Minor	(vii) Mice only
Local Authority's Property	161	47	9	56	8	38	10
Dwelling-house	51,812	541	22	563	—	409	154
Business Premises	8,483	190	6	196	27	114	55
Agricultural Property ..	250	9	—	9	—	9	—
Total	60,706	787	37	824	35	570	219

2. MEASURES OF CONTROL BY LOCAL AUTHORITY

Type of Property	No. of properties inspected	No. of inspections made	Number of notices served under Section 4: Treatments	Works	Number of Treatments‡ carried out: By arrangement with Occupier: * Rats	Mice only	Under Section 5 (1): * Rats	Mice only	Block treatments of properties in different occupancies under Sec. 6 (1) or by informal arrangement: No. of Blocks	Surface: No. of separate occupancies	Associated sewers: No. of manholes treated
Local Authority's Property ..	56	153	—	—	47	10	—	—	—	—	—
Dwelling-house	563	1386	—	—	409	154	—	—	—	—	—
Business Premises ..	196	479	—	—	137	55	—	—	1	4	10
Agricultural Property ..	9	29	—	—	9	—	—	—	—	—	—
Total	824	2047	—	—	602	219	—	—	1	4	10

*Includes properties infested with both rats and mice.

‡Excluding treatments included under block treatments.

Note.—A "Major Infestation" is one consisting of between 20 and 200 rats.

FACTORIES ACT, 1937

1.—Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		Occupiers Prosecuted
		Inspections	Written Notices	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	180	97	12	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1027	737	59	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding outworkers' premises)	5	4	1	—
TOTAL	1212	838	72	—

*Works of Building and Engineering Construction, Electrical Stations should be reckoned as factories.

2.—Cases in which defects were found.

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ...	29	25	—	3	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)...	4	2	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(*a*) Insufficient...	6	8	—	6	—
(*b*) Unsuitable or defective	126	94	—	36	—
(*c*) Not separate for sexes	7	2	—	2	—
Other offences against the Act (not including offences relating to Outwork)... ...	16	10	—	5	—
TOTAL	188	141	1	52	—

INSPECTION AND SUPERVISION OF FOOD

MILK

The Milk and Dairies Regulations, 1949

Number of Dairies 30
Number of Milk Shops 582
Number of Dairy Vehicles 163
Number of Milk Purveyors 735

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The following licences were granted under the above Regulations during 1950:—

Producer's licence to Pasteurise Milk 2
Dealer's licence to use the designation "Pasteurised" 27
Dealer's licence to use the designation "Tuberculin Tested (Pasteurised)" 6
Dealer's licence to use the designation "Sterilised" 478
Supplementary licence to use the designation "Pasteurised" 12
Supplementary licence to use the designation "Tuberculin Tested (Pasteurised)" 5
Supplementary licence to use the designation "Sterilised" 5

The Milk (Special Designation) (Raw Milk) Regulations, 1949

The following licences were granted under the above Regulations during 1950:—

Dealer's licence to use the designation "Accredited" 2
Dealer's licence to use the designation "Tuberculin Tested" 8
Supplementary licence to use the designation "Tuberculin Tested" 7

Milk Sampling (Bacteriological).

Designation	Total Samples	Satisfactory	Unsatisfactory		
			Meth. Blue	B. coli	Phosphatase
Tuberculin tested	11	11	—	—	—
Pasteurised ...	131	131	—	—	—
Sterilised	121	120	—	—	1
Tuberculin tested (Pasteurised) ...	29	29	—	—	—
TOTAL ...	292	291	—	—	1

The sterilised milk which had been insufficiently heated or admixed with raw milk was referred to the Authority in whose area the milk was processed.

Biological Examination for Presence of Tubercle Bacillus.

Twenty-six samples of milk were submitted to the Pathological Laboratory at the Bolton Royal Infirmary for biological examination. One sample showed the presence of tubercle bacillus and was referred to the Ministry of Agriculture Veterinary Service for attention at the farm.

ICE CREAM

Bacteriological Grading.

One hundred and thirty samples were graded by the Public Analyst as follows:—

Grade 1	87
„ 2	23
„ 3	11
„ 4	9

These results show a marked improvement upon those for 1949; the proportion of samples graded 3 and 4 being reduced from 21% to 15% and for grade 4 alone from 12% to 7%.

Registration of Premises.

During the year considerable difficulties arose from the greatly increased number of small traders who decided to sell ice cream by retail. Frequent instances of failure to apply to the local authority for registration were discovered and two persons were prosecuted and fined £2 each.

Ice-Lollies.

Fifteen samples of Ice-Lollies, and the ingredients used in their manufacture, were examined.

The "Lollies" were all free from poisonous metals. With one exception (Spearmint), they all contained added colouring matter, but in no case was a prohibited dye present.

The bacterial content of three of the samples was excessive in containing 2,000, 12,500 and 16,000 organisms per "Lolly", although the high count in the last mentioned sample was probably due to the incorporation of milk in the sample.

In no case was the presence of Coliform organisms detected.

Restaurant Kitchens and Food Factories.

Routine inspections have been carried out and numerous improvements effected.

Talks on hygiene, stressing particularly the personal aspect of the problem, have been given to various trade organisations.

LICENSED PREMISES

During the year a survey of Public Houses and Off-Licences was carried out as part of the Department's normal enforcement activities under the Food and Drugs Act, 1938, and the Public Health Act, 1936. The matters to which particular attention was paid were as follows:—

Beer-raising apparatus;
Washing facilities;
Glass-washing;
Cellars and storage facilities;
Condition of drinking rooms;
Sanitary accommodation for patrons;
Catering facilities.

The Health Committee directed that copies of the Report on the survey be sent to the Chief Constable and the Clerk to the Licensing Justices, while the Town Council considered the Report to be of such importance as to merit its circulation to the whole of its members. A brief form of the Report is included in Appendix 'D' (page 60).

Glass Washing.

Experiments have been conducted to determine the comparative efficiency of various sterilising solutions used in the washing of glasses in public houses. At the same time valuable information was obtained regarding methods employed and problems arising during busy periods.

BOLTON HYGIENIC FOOD TRADES GUILD

The Bolton Hygienic Food Trades Guild continues to act in an advisory capacity to the various sections of the food trade and has now drawn up Codes of Practice covering the following:—

Catering Establishments;
Bakers and Confectioners;
Cooked Foods Premises;
Fruiterers and Greengrocers;
Fishmongers, Poulterers and Game Dealers;
Grocers and Provision Merchants;
Retail Sugar Confectioners.

The Codes of Practice are included in the Appendix 'E' (page 62).

MEAT

The following table shows the number of animals slaughtered and inspected at the abattoirs in the Borough, with the diseased conditions grouped under two heads:—

(1) Carcases affected with disease other than tuberculosis; and
(2) Carcases found to be affected with tuberculosis only.

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Total number killed and inspected ...	4,871	6,224	5,437	37,834	5,239
All Diseases except Tuberculosis: Whole carcases condemned	2	15	78	25	15
Carcases of which some part or organ was condemned	422	1,766	9	1,919	12
Percentage of the number inspected affected with disease other than tuberculosis	8.70	28.66	1.60	5.14	.51
Tuberculosis only: Whole carcases condemned	1	220	6	—	14
Carcases of which some part or organ was condemned	64	2,026	—	—	68
Percentage of the number inspected affected with tuberculosis	1.33	36.08	.11	—	1.56

Cysticercus bovis

All bovine carcases are subjected to routine examination for the presence of this parasite which was demonstrated on ten occasions during the year.

Two cases were active and generalised throughout carcase and offal. These were condemned.

Three carcases were subjected to refrigeration for the recommended period of three weeks as lesions were confined to head, heart and diaphragm.

Five carcases were passed without treatment, evidence of infestation being confined to calcified lesions in the head only in each case.

Ante-mortem inspection of all food animals is carried out at the Collecting Centre by a veterinary officer. Post-mortem inspection is carried out by sanitary inspectors holding special qualifications in meat inspection.

DISEASED AND UNSOUND FOOD SURRENDERED AND DESTROYED DURING 1950

	Tons	Cwts.	Qrs.
Meat (Fresh)	131	11	2
Meat (Imported)	1	13	1
Canned Goods	10	17	2
Fish (Fresh)	3	4	1
Fruit and Vegetables (Fresh)	—	3	3
Fruit and Vegetables (Dried)	—	3	3
Poultry and Rabbits...	—	1	3
Miscellaneous	6	11	2
TOTAL	154	7	1

FOOD AND DRUGS ACT, 1938—CHEMICAL EXAMINATION

Summary of action taken in consequence of adverse reports upon samples submitted to Public Analyst.

MILK:

Of the 23 adulterated samples, 13 were deficient in fat in amounts varying from 1.6 to 10.0 per cent.; and 10 contained added water varying in amount from less than 1 to 13 per cent. All the samples examined were free from added preservatives.

Warning letters to the offenders were sent in appropriate cases; the Ministry of Agriculture and Fisheries' Advisory Officers notified in others. Two samples were the subject of legal proceedings.

SAUSAGES:

Once again a considerable proportion of the samples examined was found to be adulterated, 11 samples being deficient of the prescribed meat content in amounts ranging from 3 to 26 per cent.

Five offenders were prosecuted and warning letters were sent to the remainder of the offenders.

ICE-CREAM:

4 samples were considered unsatisfactory in containing only 1.4, 1.9, 2.1 and 2.2 per cent of fat respectively, and warning letters were sent to the manufacturers and the appropriate department of the Ministry of Food notified.

Although there was no legal standard for the composition of ice-cream (until 1st March, 1951), the Ministry of Food increased the allocation of fat and sugar to those manufacturers who would guarantee to produce ice-cream with a minimum fat content of 2.5 per cent.

Synthetic Cream:

1 sample (pre-packed in a carton) was not labelled with a list of the ingredients. This was a labelling offence only, and after the vendor was notified subsequent samples were correctly labelled.

Canned Meat Soup Consomme:

Was low in Protein and Total Solid content, and the sample wrongly labelled "Consomme." A warning letter was sent to the manufacturer and the Ministry of Food notified.

Shredded Suet:

1 sample contained rancid fat, unfit for human consumption. A warning letter was sent to the vendor, no further stock being available.

Bread:

1 loaf, submitted as a complaint, contained particles of metallic iron and traces of mineral oil The baker's explanation suggested this was adventitious contamination, as the bread was produced during installation of new machinery.

Potato Crisps:

2 samples contained small amounts of alum, added to prevent the crisps from adhering together. As the presence of alum was not declared on the package as an ingredient, this was considered to constitute a labelling offence and warning letters were sent to the manufacturers.

Barcelona Kernels:

1 sample, infested with living mites and moulds and containing rancid oil, was condemned as unfit for human consumption. The retailer surrendered his stock of this commodity.

Whisky:

1 sample was 39.6 degrees under proof, equivalent to 7 per cent excess water. The vendor was prosecuted.

Seidlitz Powders:

2 samples (from the same source) were labelled "Extra Strong Seidlitz Powder." Each of the blue packets was deficient in weight of the Rochelle Salt and Sodium Bicarbonate content, and each of the white packets contained an excess of Tartaric Acid.

After receiving a warning letter, the manufacturers gave an undertaking to comply with the formula of the B.P.C. in future.

Legal Proceedings during 1950

Sample No.	Article	Adulteration, etc.	Fine and Costs
			£ s. d.
Food and Drugs Act, 1938, Sec. 3 (1):			
4413	Sausage	17% deficient in meat content	20 10 6
4434	Whisky	39.6 deg. under proof; 7.1% excess water	10 10 6
4450	Milk	2.8% added water	11 1 0
4487	Sausage	26% deficient in meat content	5 10 6
4499	Milk	3% added water	11 1 0
4566	Sausage	14% deficient in meat content	3 10 6
4627	„	15% deficient in meat content	10 10 6
4730	„	21% deficient in meat content	5 10 6
Food and Drugs Act, 1938, Sec. 14:			
Fines were imposed in two cases for selling Ice Cream from Unregistered Premises.			4 0 0

APPENDIX 'A'

SMOKELESS ZONES

Preliminary Survey of Central Area

Types of Premises.

Residential only	162
Business only—office type	242
„ „ shop type	419
Residential and business combined	63
Industrial and manufacturing	76
Others—Churches, Theatres, etc.	88
Total	1050

Fuels used in above premises.

Smoke-producing fuels used exclusively	291
Smokeless fuels used exclusively (i.e., electricity, gas, high and low temperature cokes, and anthracite)	449
Combination of both types of fuel	291
No heating to premises	19
Total	1050
Proportion using smoke-producing fuels partly or wholly... ...	55.4%
Proportion wholly smokeless in operation	44.6%
Total	100.0%

Types of Appliances existing—Actual numbers (non-industrial).

(1) Permanent (fixed) Space Heaters:		In use	Not used
Central heating—coke		236	3
,, ,, gas		9	—
Gas heaters		609	17
Electric heaters		400	6
Smokeless solid fuel appliances		15	1
Slow combustion stoves		108	4
Open coal fires—grates only		979	793
,, ,, ,, cooking ranges		169	8
Totals		2525	832
(*a*) Smokeless	54.5%	1377	
(*b*) Smoke-producing	45.5%	1148	
	100.0%	2525	

(2) Auxiliary Space Heaters:		
Electric	611	
Gas	44	
Oil	17	
	672	
Grand Total of (1) and (2)	3197	
(*a*) Smokeless	64.2%	2049
(*b*) Smoke-producing	35.8%	1148
	100.0%	3197

(3) Other Fuel-Consuming Appliances:	In use	Not used
Immersion heaters	40	
Gas water heaters	170	
Electric water heaters	62	
Cookers and grillers—gas	392	
,, ,, ,, electric	68	
Wash-boilers—gas	12	
,, electric	7	
,, coal-fired	14	24
Incinerators	1	
Totals	766	24
Grand Total of (1), (2) and (3)	3963	
(*a*) Smokeless	70.7%	2800
(*b*) Smoke-producing	29.3%	1163
	100.0%	3963

INDUSTRIAL APPLIANCES

Number of Premises	18
TYPES OF FURNACES:—	
(*a*) Coal-fired	9
(*b*) Coke-fired	7
(*c*) Oil-fired	1
(*d*) Gas and/or electricity	7
	24

SOLID FUELS IN USE IN AREA

	TONS PER ANNUM	
	SMOKELESS	SMOKE-PRODUCING
Non-industrial Premises	2710	1130
Industrial Premises	1920	5870
TOTAL	4630	7000
PERCENTAGE	39.8	60.2

COMMENTS ON SURVEY

NON-INDUSTRIAL PREMISES. The large number (825) of smoke-producing firegrates, fire-ranges and washing coppers now no longer in use will be noted; also the small number of houses (14 out of 162) where coal-fired washing coppers are still employed.

Almost two-thirds (64.2%) of the total number of space-heating appliances are already smokeless in use; a rather higher proportion (70.7%) of smokeless equipment is used for cooking, hot water supply, and clothes washing.

Seventy per cent. of the solid fuel used is already smokeless, to which must be added the consumption (which cannot be readily estimated) of gas and electricity.

The trend towards the use of the more modern smokeless forms of apparatus is thus seen to be well advanced, although a considerable number (1,148) of smoke-producing appliances, each burning approximately one ton of coal per annum, still exist.

INDUSTRIAL PREMISES. Nine industrial establishments together consume the substantial amount of 5,870 tons per annum of smoke-producing fuel (equivalent to 75% of the total solid fuel consumption of *all* the industrial premises). In most of these cases the nature of the work carried on creates a demand for quick steam-raising which precludes their conversion to coke-firing, and smokelessness could be achieved only by electrification.

APPENDIX 'B'

BOLTON CORPORATION ACT, 1949, SECTION 44
PREVENTION OF SMOKE

FURNACES

Code of Requirements

1. Nature of business.

2. Consultant's or Contractor's name and address.

3. **Make and Type of Boiler**—to be stated clearly.

   (*a*) The boiler shall be of sufficient size to meet an output 20% in excess of the maximum demand.

   (*b*) The grate area shall be of sufficient size to meet the maximum demand for steam without forcing.

   In hand-fired plants the rate of burning per sq. ft. grate area per hour shall be stated in relation to the calorific value and the sizing analysis of the coal to be used. The length of the grate area shall not exceed 6 ft.

   (*c*) The air spaces in the firegrate shall be at least 30% of the total area for natural draught, but the width of such air spaces shall not be more than $\frac{3}{8}$ in.

   Due consideration shall be paid to coal size and draught available (natural or mechanical).

   (*d*) The ratio of boiler heating surface to grate area shall be sufficiently high to give the maximum output in lbs. steam per hour or B.Th.U. per hour. Heating surface includes economiser, superheater and boiler, etc.

   (*e*) Working pressure—to be stated in all cases.

   (*f*) Externally Fired Boilers. The space between the grate and the nearest water-cooled surface above the firegrate shall be of sufficient capacity to allow complete combustion of the fuel without impingement of flame on water-cooled surfaces.

4. **Methods of Firing.**

   All furnaces shall be so constructed as to be suitable for mechanical firing and shall also be capable of being hand-fired in case of emergency. Where the installation is dependent upon a suitable coal, conditions as to availability, etc., shall be ascertained and declared when plans are submitted. Self-cleaning type of stokers is strongly recommended.

5. **Fuels.**

   (*a*) Bituminous Coals. All furnaces shall be mechanically fired where possible.

(*b*) Smokeless Fuel (Solid) i.e., Coke, Welsh Steam Coal and Anthracite. Where these are used the question of mechanical firing shall be determined according to circumstances.

(*c*) Liquid Fuels. Oil Burning Installations shall comply with the Codes of oil burning equipment specified by the British Standards Institution and/or the Ministry of Fuel and Power Efficiency Bulletin No. 24.

(*d*) Coal Tar Fuels. These installations shall comply with the Ministry of Fuel and Power Efficiency Bulletin No. 36.

6. **Draught.**

(*a*) Shall be adequate to meet maximum rates of combustion for various types of fuels, and in accordance with the recommendations in the Ministry of Fuel and Power Publication "The Efficient Use of Fuel."

(*b*) Draught Gauges shall be fitted to all furnaces in such a position as to be easily readable by the fireman at the boiler front and shall be maintained in proper working order.

(*c*) Secondary Air. Provision shall be made for adequate supplies of secondary air (controlled either manually or automatically) to all furnaces where necessary.

(*d*) Air to Boiler House. Provision shall be made for continuous and adequate admission of air to the Boiler House for combustion purposes.

7. **Feed Water—Evaporation or Output.**

Provision shall be made for ascertaining the load on the boiler(s) at any given time.

(*a*) Single Boiler Installations. An indicating meter of recognised type shall be fitted on all plants to give visual indication of the load on the boiler.

(*b*) Multiple Boiler Installations. Provision shall be made on all boilers for the insertion of the meter to enable individual tests to be carried out when necessary. In plants where the weekly coal consumption is thirty tons or more an automatic coal recording instrument is recommended.

(*c*) Log Sheets. It is strongly recommended that boiler house log sheets be kept so that the weight of water evaporated or steam produced per pound of coal burnt, also the overall heat efficiency of the plant, may be determined at any time. A suggested form is contained in the Stokers Manual, page 49.

8. **Flues and Chimneys.**

Plans shall be submitted showing clearly dimensions of flues, chimneys and general layout of plants. Such dimensions shall conform to accepted combustion engineering practice, generally as per British Standard Specification 1614/49. Due regard shall be paid to gas velocity in the various flues and chimneys with respect to grit deposition and emission.

Chimney dimensions shall be such as to ensure ample draught under adverse weather conditions.

Height of chimney shall take into account contour and type of locality where plant is situated, class of fuel consumed and type of mechanical firing plant proposed.

Plans shall be submitted and approved before work is commenced.

Maintenance shall be so arranged as to ensure that brickwork, expansion joints, inspection doors, etc., are kept in first-class, air-tight condition.

9. **Dampers.**

All dampers shall be sealed and airtight to external air and remain so when the damper is moved.

Dampers shall be drilled $1\frac{1}{2}$ in. dia. hole at points 6 in. from both top and bottom.

Dampers controlling the actual furnace (as distinct from economiser and chimney base dampers) where such are fitted shall be controllable from the firing floor. If only a chimney damper is fitted the same shall be controllable from the firing floor.

Open and closed positions of dampers shall be clearly marked.

10. **Smoke and Grit Emission.**

Unless the top of the chimney is easily visible from the firing floor a mirror or some form of smoke indicating device shall be provided.

Adequate provision shall be made for the prevention of the emission of soot, ash or grit from whatever cause.

11. **Gas Analysis.**

It is advisable, where thirty tons or more coal is burnt per week, to fit some form of CO_2 gas analyser, either recording or indicating, so that firing efficiency can be under control.

12. **Education of Boiler House Staff.**

Every encouragement shall be given to boiler house staff to attend lectures and obtain qualifications appropriate to their work.

Further detailed information on any point will be given on request.

APPENDIX 'C'

SURVEY OF HAIRDRESSING ESTABLISHMENTS

Summary of Main Findings

GENERAL.

Number of establishments inspected	197

	No. of Premises	
WASHING FACILITIES:		
No washing facilities provided in Saloon	3	
Washing facilities unsuitable (e.g., enamel bowls only) ...	5	
Washing facilities provided	189	
		197
Washing facilities defective		12
Drainage to washing facilities unsatisfactory		28
HOT AND COLD WATER SUPPLIES:		
No water supply (hot or cold) provided in Saloon	18	
Either hot or cold water only provided in Saloon	14	
Both hot and cold water provided in Saloon	165	
		197
Hot Water supplied from kettles, etc., only	6	
,, ,, ,, ,, back-boilers only	19	
,, ,, ,, ,, immersion heaters, gas or electric geysers, etc.	172	
		197
STRUCTURAL DEFECTS:		
Defective floors, walls, ceilings, etc.		48
Redecoration required		24
HAIRDRESSING HYGIENE:		
Copy of Byelaws not displayed		89
Chair neck-rests not properly protected		10
"Neck-strips" not used		121
Covered receptacle for hair trimmings, etc., not provided		122
Receptacle for hair trimmings, etc., of unsatisfactory type		23
Undue accumulations of hair trimmings, etc.		2
Lack of cleanliness of linen, equipment, etc.		14
Lack of personal cleanliness		2
STERILISATION FACILITIES:		
Formaldehyde vapour cabinets provided		27
Chemical sterilants used		181
No sterilisation facilities provided		7

APPENDIX 'D'

SURVEY OF LICENSED PREMISES

Summary of Main Findings

GENERAL. The premises inspected comprised:—

"On-Licences"	279
"Off-Licences"...	52
TOTAL	331

BEER-RAISING APPARATUS. Lead beer-lines were found to be in use at 142 premises, and glass beer-lines at 10 premises; the remaining establishments use the superior stainless steel, monel metal, or plastic piping. In 81 premises the beer-lines could not be readily dismantled for cleansing purposes.

Most licensees were found to return the overspill from the beer engines to the barrels, after filtration, the overspill meanwhile being usually retained in portable containers inside the bar; only 35 houses were equipped with automatic apparatus or properly constructed return lines to convey the overspill back to the barrel or to the beer cellar.

HOT WATER SUPPLIES. A substantial number (249) of premises rely entirely on back-boilers to domestic firegrates for their hot water supply, with consequent risk of failure of supply during hot weather or immediately following initial firing; at the remaining houses, back-boilers are augmented by immersion heaters, gas or electric geysers, etc., which ensure constancy of supply when back-boilers are not being fired.

WASHING FACILITIES. Three out of every four "on-licences" are fitted with copper sinks with independent drainers, these being usually of small capacity and frequently damaged and fouled at the sink-drainer junction; the remaining houses are fitted with stainless steel drainer sinks apart from 3 cases where no facilities whatever are provided in the bar.

GLASS-WASHING. At 46 on-licensed premises no detergent or sterilising agent was employed during glass-washing, whilst at the other 233 houses, a surprisingly wide range of household and proprietary cleansing agents were used, many of which have little or no value as detergents or sterilants. Drying cloths are in almost universal use. There was virtually no employment of mechanical glass-washers or of the modern synthetic detergents. Breweries are being urged to standardise the glass-washing procedure in their own houses, and to use quaternary ammonium or hypochlorite sterilants. A series of experiments was carried out under working conditions at the request of one brewery to determine the effectiveness of a new detergent which they proposed to employ in their houses.

PERSONAL WASHING FACILITIES FOR STAFF. Very few houses had washing facilities reserved solely for personal use in a position where they could be readily and conveniently used by bar staffs following their use of the toilet. When such facilities were available, they usually consisted only of the accommodation in the Licencees' private bathrooms.

Structural Defects. Dampness (45 premises), unsatisfactory decorations (130 premises) and flag floors (90 premises) damaged by the handling of beer barrels, were the defects most frequently encountered in cellars. Public rooms were generally satisfactory as regards structure and decoration; the major problem was that of inadequate ventilation, since natural agencies (windows and flues) are insufficient to cope with the crowded and smoke-laden atmosphere so frequently encountered and only 71 out of 1,224 such rooms were equipped with mechanical ventilation.

Sanitary Accommodation for Patrons. Five on-licences were found to have no separate accommodation for female patrons; the remainder have separate accommodation for each sex, but in the great majority of cases this consists of only one W.C. plus urinal accommodation for males, and one W.C. for females.

At a large number (182) of premises, the urinals were of non-glazed (absorbent) construction, whilst most urinals had no means of flushing; artificial lighting to external sanitary accommodation was largely absent, while lack of privacy frequently occurred in external conveniences; a substantial improvement in many of these cases can be effected only by complete reconstruction of the accommodation.

Off-Licences. The position regarding hot water supplies, beer raising apparatus, etc., was comparable to that in the on-licensed premises.

Standard of Cleanliness. The general standard of cleanliness was good, licensees using to the best advantage such facilities as were provided.

Action Taken. The breweries concerned have been requested to:—

(*a*) Replace lead and glass beer-lines with stainless steel, monel metal, or plastic piping;

(*b*) Provide automatic apparatus or properly constructed return lines to cellars for the handling of overspill from beer engines;

(*c*) Supplement back-boilers with immersion or instantaneous water heaters;

(*d*) Progressively replace copper sinks with stainless steel drainer sinks;

(*e*) Use approved chemical sterilants during glass-washing;

(*f*) Make suitable arrangements for personal washing facilities for staff to be available;

(*g*) Remedy all defects in structural or decorative condition, fittings and equipment, sanitary accommodation, etc.

APPENDIX 'E'

CODE OF PRACTICE—CATERING ESTABLISHMENTS

The following requirements are additional to those contained in the Food and Drugs Act, 1938, local Byelaws, or any other statutory powers for the time being in force in relation to the Establishment, and apply to all rooms used for food-handling or purposes ancillary thereto:—

(*a*) **Structure, Equipment, Fittings, etc.—Occupier's responsibility.**

(1) Rooms used for food preparation or food handling or purposes ancillary thereto shall be used for no other purpose.

(2) Where the operations carried on in any room render it desirable, the floor and such portions of the walls as may be necessary shall be of a smooth, non-absorbent and easily washable construction. Other wall surfaces, and ceiling surfaces, shall be smooth and hard, and capable of being easily cleaned or decorated. Joisted and boarded floors, and roof spaces, shall be suitably underdrawn when situated over food-preparing rooms, or over other rooms when such construction is desirable.

(3) Adequate natural lighting (standard = one-tenth of net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleaning, maintenance, etc.

Adequate natural ventilation by opening windows (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided. Means shall be provided, where necessary, for exhausting steam, fumes, etc.

(4) A sufficient number of wash basins shall be provided in suitable positions (where possible, adjoining the employees' sanitary conveniences) for the sole purpose of personal ablutions. Hot and cold water shall be provided over each wash basin, and soap, a nail brush and a clean towel shall be provided at each washing point.

(5) A hot water installation shall be provided, capable of supplying adequate hot water at a suitable temperature for all purposes for which it may be required.

(6) A suitable dish-washing machine shall be provided, or facilities shall be provided for two-stage dish-washing; facilities shall be provided for the natural air-drying of washed utensils.

(7) Cloakrooms, cupboards or lockers shall be provided for the storage of outdoor clothing.

(8) Adequate shelving and cupboard space shall be provided to permit of proper storage of utensils, equipment, raw materials, etc., when not in use. Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, tools, etc.

(9) Adequate refrigeration facilities shall be provided.

(10) So far as is practicable, all tables and benches in food preparing rooms shall have non-absorbent working surfaces.

(11) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(12) Tables, table-linen and table equipment shall be kept thoroughly clean at all times. Badly chipped crockery shall not be used. A sufficient number of ash-trays shall be provided.

(13) Where necessary, refuse containers shall be provided inside the premises, and shall be non-absorbent, kept clean, and provided with tight-fitting covers.

(14) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibility.**

(15) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;

Sore throat;

Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of a case of infectious disease.
The employer shall not allow any such person to take part in the preparation or handling of food, and shall not take part himself or permit any member of his household to take part, if so affected, except with the express approval of the Medical Officer of Health.

The employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such employee prepares or handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer covering for the protection of minor cuts and scratches.

(16) Every person engaged in the preparation or handling of food shall:—

(*a*) Wash and scrub his or her hands after using the toilet for any purpose;

(*b*) Keep his or her finger nails short and clean.

Females engaged in preparation of food shall not wear nail lacquer or varnish while so engaged.

Every person engaged in the preparation or handling of food (other than waiters or waitresses) shall wear a clean washable overall and cap; the caps for females shall be of such design as effectively to enclose the hair. Waiters and waitresses shall wear suitable outer clothing reserved solely for use when serving food, and waitresses shall wear a suitable cap. Outdoor clothing shall be stored only in the storage facilities provided for the purpose.

No person shall carry out personal ablutions after visits to the toilet, except at the wash-basins provided for the purpose, and shall not on other occasions carry out personal ablutions at or over sinks containing utensils in course of being washed.

(17) No person shall smoke when preparing, handling or serving food.

(18) Utensils used for tasting food during preparation shall be properly cleansed before being again brought into contact with food. Blowing into paper bags, or licking or wetting the fingers for manipulating wrapping paper, shall not be permitted.

(19) All raw materials shall be kept so far as reasonably practicable in rooms used solely for food storage purposes, and in either refrigerators or non-absorbent covered containers. Sacks shall be raised off the floor and the contents of opened sacks shall be stored in covered metal bins. Foodstuffs shall be suitably protected against excessive heat or warmth.

(20) Prepared food, if not for immediate consumption, shall be suitably covered till used. Waste food from plates, etc., shall not be re-used for human food. Left-over food, not previously served, if intended to be utilised for human food, shall be kept covered, kept cool, and where appropriate thoroughly re-cooked before use.

(21) Washed utensils shall be air-dried and, if necessary, polished with a clean dry cloth. Utensils awaiting washing shall not be stored in cold or tepid water or in sinks. Washing-up utensils shall be kept clean, and when not in use shall be properly stored away.

Interpretation.

For the purpose of this Code, "food preparation" means the processing, preparing for cooking, or cooking, of food, and "food handling" means all other operations in which food is directly involved.

CODE OF PRACTICE—
BAKERS' AND CONFECTIONERS' PREMISES

The following requirements are additional to those contained in the Food and Drugs Act, 1938, local Byelaws, or any other statutory powers for the time being in force in relation to the premises, and apply to all rooms used for food preparation or food handling or purposes ancillary thereto:—

(a) Structure, Equipment, Fittings, etc.—Occupier's responsibility:

(1) Rooms used for food preparation or food handling or purposes ancillary thereto shall be used for no other purpose.

(2) Where the operations carried on in any room render it desirable, the floor and such portions of the walls as may be necessary shall be of a smooth, non-absorbent and easily washable construction. Other wall surfaces, and ceiling surfaces, shall be smooth and hard, and capable of being easily cleaned or decorated. Joisted and boarded floors, and roof spaces, shall be suitably underdrawn when situated over food preparing rooms, or over other rooms when such construction is desirable. All passages and all rooms not used for food preparation or food handling, through which food is or may be conveyed, shall be kept in a good state of repair and decoration, adequately lighted and ventilated, and kept thoroughly clean.

(3) Adequate natural lighting (standard = one-tenth of net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleaning, maintenance, etc.

Adequate natural ventilation by opening windows (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided. Means shall be provided, where necessary, for exhausting steam, fumes, etc.

(4) A sufficient number of wash basins shall be provided in suitable positions (where possible adjoining the sanitary conveniences) for the sole purpose of personal ablutions. Hot and cold water shall be provided over each sink or wash basin, and soap, a nail brush and a clean towel shall be provided at each washing point.

In retail shops, a sink shall be provided in the shop, together with hot and cold water; provided that where the provision of such facilities within the shop is not practicable, they shall be provided in a position readily accessible to persons engaged in the shop.

(5) A hot water installation shall be provided, capable of supplying adequate hot water at a suitable temperature for all purposes for which it may be required.

(6) Cloakrooms, cupboards or lockers shall be provided for the storage of outdoor clothing.

(7) Adequate shelving and cupboard space shall be provided to permit of proper storage of utensils, equipment, raw materials, etc., when not in use. Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, tools, etc. Shop counters shall be provided with suitable shelves or racks on which customers may rest shopping baskets.

(8) Adequate refrigeration or cold storage facilities shall be provided.

(9) Where solid fuels are used, suitable covered containers shall where necessary be provided adjacent to the oven for the storage of current fuel requirements, and of ashes and cinders awaiting removal; such containers to be of such type as to prevent, so far as practicable, the fouling of the floor.

Suitable facilities shall be provided for the storage of liquid fuels or the main stock of solid fuel.

(10) So far as is practicable, all tables and benches in food preparing rooms shall have non-absorbent working surfaces.

(11) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(12) Where necessary, refuse containers shall be provided inside the premises, and shall be non-absorbent, kept clean, and provided with tight-fitting covers.

(13) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibility.**

(14) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;
Sore throat;
Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of a case of infectious disease.

The employer shall not allow any such person to take part in the preparation or handling of food, and shall not take part himself or permit any member of his household to take part if so affected, except with the express approval of the Medical Officer of Health.

The employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such employee prepares or handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer covering for the protection of minor cuts and scratches.

(15) Every person engaged in preparation or handling of food shall:—

(*a*) Wash his or her hands after using the toilet for any purpose;
(*b*) Keep his or her finger nails short and clean.

Females engaged in preparation of food shall not wear nail lacquer or varnish while so engaged.

Every person engaged in the preparation or handling of food shall wear a clean washable overall and cap; the caps for females shall be of such design as effectively to enclose the hair. Outdoor clothing shall be stored only in the storage facilities provided for the purpose.

No person shall carry out personal ablutions after visits to the toilet, except at the wash-basins provided for the purpose, and shall not on other occasions carry out personal ablutions at or over sinks containing utensils in course of being washed.

(16) No person shall smoke when preparing, handling or serving food.

(17) Utensils used for tasting food during preparation shall be properly cleansed before being again brought into contact with food. Blowing into paper bags, licking or wetting the fingers for manipulating wrapping paper, piercing of pie crusts with the fingers for the purpose of adding gravy, syrup, etc., and the manipulation of icing instruments with the mouth shall not be permitted.

(18) All raw materials shall be kept so far as reasonably practicable in rooms used solely for food storage purposes, and in either refrigerators or non-absorbent covered containers. Sacks shall be raised off the floor and the contents of opened sacks shall be stored in covered metal bins. Foodstuffs shall be suitably protected against excessive heat or warmth.

(19) Food in course of preparation, or awaiting further processing (e.g., cake mixes, cream or egg mixes, gravies, glazes, etc.) shall be kept in a suitable place, and so far as is practicable, kept cool and covered.

(20) Bread, confectionery, meat pies, etc., sold by retail shall be placed in clean paper bags or wrapping paper.

(21) Washed utensils shall be air-dried, and if necessary polished with a clean dry cloth. Utensils awaiting washing shall not be stored in cold or tepid water or in sinks. Washing-up utensils shall be kept clean, and when not in use shall be properly stored away.

Interpretation.

For the purpose of this Code, "food preparation" means the processing, preparing for cooking, or cooking (including re-heating), of food, and "food handling" means all other operations in which food is directly involved.

CODE OF PRACTICE—COOKED FOOD PREMISES

The following requirements are additional to those contained in the Food and Drugs Act, 1938, Public Health (Meat) Regulations, 1924-48, local Bye-laws, or any other statutory powers for the time being in force in relation to the premises, and apply to all rooms used for food preparation or food handling or purposes ancillary thereto:—

(*a*) **Structure, Equipment, Fittings, etc.—Occupier's responsibility.**

(1) Rooms used for food preparation or food handling or purposes ancillary thereto shall not be used for any other purpose.

(2) Where the operations carried on in any room render it desirable, the floor and such portions of the walls as may be necessary shall be of a smooth, non-absorbent and easily washable construction. Other wall surfaces, and ceiling surfaces, shall be smooth and hard, and capable of being easily cleaned or decorated. Joisted and boarded floors, or roof spaces, shall be suitably underdrawn when situated over food preparing rooms, or over other rooms when such construction is desirable. All passages and all rooms not used for food preparation or food handling, through which food is or may be conveyed, shall be kept in a good state of repair and decoration, adequately lighted and ventilated, and kept thoroughly clean.

(3) Adequate natural lighting (standard = one-tenth of net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleaning, maintenance, etc.

Adequate natural ventilation by opening windows (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided. Means shall be provided, where necessary, for exhausting steam, fumes, etc.

(4) In retail premises, a sink shall be provided in the shop. A sufficient number of sinks or wash-basins shall be provided in suitable positions (where possible, adjoining the employee's sanitary conveniences) for the sole purpose of personal ablutions. Hot and cold water shall be provided over each sink or wash-basin, and soap, a nail brush, and a clean towel shall be provided at each washing point.

(5) A hot water installation shall be provided, capable of supplying adequate hot water at a suitable temperature for all purposes for which it may be required.

(6) Cloakrooms, cupboards or lockers shall be provided for the storage of outdoor clothing.

(7) Adequate shelving and cupboard space shall be provided to permit of proper storage of utensils, equipment, raw materials, etc., when not in use. Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, tools, etc.

(8) Adequate refrigeration or cold storage facilities shall be provided.

(9) Where solid fuels are used for cooking purposes, suitable covered containers shall, where necessary, be provided adjacent to the ovens, etc.,

for the storage of current fuel requirements, and of ashes and cinders awaiting removal; such containers to be of such type as to prevent, so far as practicable, fouling of the floor.

Suitable facilities shall be provided for the storage of liquid fuels or the main stock of solid fuel.

(10) So far as is practicable, all tables and benches in food-preparing rooms shall have non-absorbent working surfaces. Shop counters shall be provided with suitable shelves or racks on which customers may rest shopping baskets.

(11) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(12) Where necessary, refuse containers shall be provided inside the premises, and shall be non-absorbent, kept clean, and provided with tight-fitting covers.

(13) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibility.**

(14) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;

Sore throat;

Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of a case of infectious disease.

The employer shall not allow any such person to take part in the preparation or handling of food, and shall not take part himself or permit any member of his household to take part, if so affected, except with the express approval of the Medical Officer of Health.

The employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such employee prepares or handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer covering for the protection of minor cuts and scratches.

(15) Every person engaged in the preparation or handling of food shall:—

(*a*) Wash and scrub his or her hands after using the toilet for any purpose, and as frequently as may be necessary to maintain them in a clean condition;

(*b*) Keep his or her finger nails short and clean.

Females engaged in the preparation of food shall not wear nail lacquer or varnish while so engaged.

Every person engaged in the preparation or handling of food shall wear a clean washable overall and cap; the caps for females shall be of such design as effectively to enclose the hair. Outdoor clothing shall be stored only in the storage facilities provided for the purpose.

No person shall carry out personal ablutions after visits to the toilet, except at the wash-basins provided for the purpose, and shall not on other

occasions carry out personal ablutions at or over sinks containing utensils in course of being washed.

(16) No person shall smoke when preparing, handling or serving food.

(17) Utensils (if any) used for tasting food during preparation shall be properly cleansed before being again brought into contact with food.

No person shall:—

(*a*) Blow into paper bags or lick or wet the fingers for manipulating wrapping paper;

(*b*) Pierce pie crusts with the fingers for the purpose of adding gravy, etc.;

(*c*) Inflate sausage skins with the mouth.

All operations shall be so carried on as to reduce, so far as is possible, contact of the hands with prepared foods or foods in course of preparation.

(18) All raw materials shall be kept, so far as reasonably practicable, in rooms used solely for food storage purposes, and in either refrigerators or non-absorbent covered containers. Sacks shall be raised off the floor and the contents of opened sacks shall be stored in covered metal bins. Foodstuffs shall be suitably protected against excessive heat or warmth.

(19) Food awaiting further processing shall be kept in a suitable place, and so far as is practicable, kept cool and covered.

(20) Cooked foods, when sold by retail, shall be wrapped in clean paper bags or wrapping paper.

(21) Utensils awaiting washing shall not be stored in cold or tepid water or in sinks. Washing-up utensils shall be kept clean, and when not in use shall be properly stored away.

Interpretation.

For the purpose of this Code, "food preparation" means the processing, preparing for cooking, or cooking (including re-heating), of food, and "food handling" means all other operations in which food is directly involved.

CODE OF PRACTICE—

FRUITERERS' AND GREENGROCERS' PREMISES

The following requirements are additional to those contained in the Food and Drugs Act 1938, local Byelaws, or any other statutory powers for the time being in force in relation to the premises, and apply to all rooms used for food handling or purposes ancillary thereto.

(*a*) **Structure, Fittings, Equipment, etc.—Occupier's responsibility.**

(1) Rooms used for food handling or purposes ancillary thereto shall not be used for any other purpose. Garages or stables shall not be used for food handling purposes.

(2) The floors, walls and ceilings of all rooms used for food handling or purposes ancillary thereto shall be of such construction and in such state of repair as to enable them to be kept thoroughly clean, and the walls and ceilings shall be kept in a state of good decoration; joisted and boarded floors, or roof spaces, shall where desirable be suitably underdrawn if situated over such rooms. All other rooms and all passages, through which food is or may be conveyed, shall be kept in a good state of repair and decoration, adequately lighted and ventilated, and kept thoroughly clean. All premises used for food handling purposes shall be rat-proof. Yards shall be properly paved or surfaced, and provided with sufficient means of drainage.

(3) Adequate natural lighting (standard = one-tenth of net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleansing, maintenance, etc.

Adequate natural ventilation (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided.

(4) Retail Shops. A sink shall be provided in the shop, and a piped supply of cold water and a constant or instantaneous supply of hot water shall be provided over the sink; provided that where the provision of such facilities within the shop is not practicable, they shall be provided in a position readily accessible to persons engaged in the shop.

Other Premises. A sufficient number of sinks and/or wash-basins shall be provided and a piped supply of cold water and a constant or instantaneous supply of hot water shall be provided over each sink or wash-basin.

All Premises. Soap, a nail brush, and a clean towel shall be provided at each washing point.

(5) Cloakrooms, cupboards or lockers shall be provided for the storage of outdoor clothing.

(6) Adequate shelving, racks, hoppers, bins, duck-boarding, etc., shall be provided to permit of the proper storage and display of foodstuffs, and to permit, so far as is reasonably practicable, the separate storage or display of each type of food. Shop counters shall be provided with suitable

shelves or racks on which customers may rest shopping baskets, etc. Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, etc.

(7) Shop counters and, where desirable, any other working tables or benches shall, where practicable, have non-absorbent upper surfaces.

(8) Separate scales or scale pans shall be provided for the weighing of soft fruits and similar commodities, and (where applicable) for the weighing of fish, poultry, rabbits, etc.

(9) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(10) A sufficient number of covered refuse containers shall be provided inside the premises for the storage of rubbish and/or waste food materials, and shall be kept clean and covered.

(11) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibilities.**

(12) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;
Sore throat;
Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of a case of infectious disease.

An employer shall not allow any such person to take part in the handling of food, and shall not take part himself or permit any member of his household to take part, if so affected, except with the express approval of the Medical Officer of Health.

An employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such employee handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer covering for the protection of minor cuts and scratches.

(13) Every person engaged in the business shall: —

(*a*) Wash and scrub his or her hands after using the toilet for any purpose; and otherwise as frequently as may be necessary to maintain them in a clean condition;

(*b*) Keep his or her finger nails short and clean.

Every person engaged in the business shall wear a clean washable overall and cap; the caps for females shall be of such design as effectively to enclose the hair. Outdoor clothing shall be stored only in the storage facilities provided for the purpose.

(14) No person shall smoke when handling food.

(15) No person shall:—

(*a*) Blow into paper bags, or lick or wet the fingers for manipulating wrapping paper;

(*b*) Polish fruit except on a clean dry cloth.

(16) Food shall not be exposed for sale outside the premises. Every reasonable precaution shall be taken to prevent the fouling of food by animals. Flowers, plants, etc., shall be kept separate from food, and soft fruits and similar commodities separate from vegetables. Food of a moist or sticky character shall be properly covered and protected from dust. Sacks, crates, etc., of food shall be raised off the floor. Food shall be protected against excessive heat or warmth, and against excessive exposure to sunlight.

(17) Soft fruits, foods of a moist or sticky nature, etc., when sold by retail shall be placed in clean containers, paper bags, or wrapping paper.

CODE OF PRACTICE—

FISHMONGERS', POULTERERS' AND GAME DEALERS' PREMISES

The following requirements are additional to those contained in the Food and Drugs Act, 1938, local Byelaws, or any other statutory powers for the time being in force in relation to the premises, and apply to all rooms used for food handling or purposes ancillary thereto.

(*a*) **Structure, Fittings, Equipment, etc.—Occupier's responsibility.**

(1) Rooms used for food handling or purposes ancillary thereto shall not be used for any other purpose. Garages or stables shall not be used for food handling purposes.

(2) The floors, and such portions of the walls as may be necessary, of all rooms used for the handling of fish, poultry, rabbits, game, or similar commodities, or for the handling of empty containers, shall be of a smooth, non-absorbent and easily washable construction; suitable means of floor drainage shall be provided in such rooms. The other wall surfaces, and the ceiling surfaces, shall be smooth and hard, and capable of being easily cleaned or decorated. Joisted and boarded floors, or roof spaces, shall where desirable be suitably underdrawn. All other rooms and all passages, through which food is or may be conveyed, shall be kept in a good state of repair and decoration, adequately lighted and ventilated, and kept thoroughly clean. All premises used for food handling purposes shall be rat-proof. Yards shall be properly paved or surfaced, and provided with sufficient means of drainage.

(3) The use of open shop fronts shall not be permitted.

(4) Adequate natural lighting (standard = one-tenth of the net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleansing, maintenance, etc.

Adequate natural ventilation (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided. If necessary, suitable means of creating and maintaining air circulation shall be provided.

(5) Retail Shops. A sink shall be provided in the shop, and a piped supply of cold water and a constant or instantaneous supply of hot water shall be provided over the sink; provided that where the provision of such facilities within the shop is not practicable, they shall be provided in a position readily accessible to persons engaged in the shop.

Other Premises. A sufficient number of sinks and/or wash-basins shall be provided, and a piped supply of cold water and a constant or instantaneous supply of hot water shall be provided over each sink or wash-basin.

All Premises. Soap, a nail brush, and a clean towel shall be provided at each washing point.

(6) Cloakrooms, cupboards or lockers shall be provided for the storage of outdoor clothing.

(7) Display slabs shall be of a smooth, non-absorbent and easily washable construction, and where necessary, shall be provided with suitable means of drainage. Shop counters, working tables or benches, etc., shall, where practicable, have non-absorbent upper surfaces.

Shop counters shall be provided with suitable shelves or racks on which customers may rest shopping baskets.

(8) Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, etc. Suitable facilities shall be provided for the storage and handling of ice.

(9) Adequate refrigeration or cold storage facilities shall be provided.

(10) Where the premises are used also for the sale of fruit or vegetables, separate scales or scale pans shall be provided for the weighing of fruits or vegetables.

(11) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(12) A sufficient number of covered refuse bins of standard pattern shall be provided inside the premises for the storage of rubbish, waste food materials, skins, etc., and shall be kept clean and covered.

(13) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibility.**

(14) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;
Sore throat;
Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of a case of infectious disease.

An employer shall not allow any such person to take part in the handling of food, and shall not take part himself or permit any member of his household to take part, if so affected, except with the express approval of the Medical Officer of Health.

An employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such employee handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer covering for the protection of minor cuts and scratches.

(15) Every person engaged in the business shall:—

(*a*) Wash and scrub his or her hands after using the toilet for any purpose, and otherwise as frequently as may be necessary to maintain them in a clean condition;

(*b*) Keep his or her finger nails short and clean.

Every person engaged in the business shall wear a clean washable overall and cap; the caps for females shall be of such design as effectively to

enclose the hair. Outdoor clothing shall be stored only in the storage facilities provided for the purpose.

(16) No person shall smoke when handling food.

(17) No person shall blow into paper bags, or lick or wet the fingers for manipulating wrapping paper.

(18) Food shall not be exposed for sale outside the premises. Every precaution shall be taken to prevent the fouling of food by animals. Foodstuffs shall be suitably raised off the floor. Foodstuffs shall be protected against excessive heat or warmth, and against excessive exposure to sunlight.

(19) Brushes used for washing down windows or floors shall not be used for any other purpose.

Sawdust or similar materials shall not be used on the floor.
All waste materials, skins, etc., shall be immediately deposited into covered refuse bins.

(20) All containers shall be thoroughly sluiced with clean water as soon as is reasonably practicable after emptying.

(21) All fish, poultry, rabbits, game, etc., when sold by retail shall be placed in clean containers, paper bags, or wrapping paper.

CODE OF PRACTICE—

GROCERS' & PROVISION MERCHANTS' PREMISES

The following requirements are additional to those contained in the Food and Drugs Act, 1938, local Byelaws, or any other statutory powers for the time being in force in relation to the premises, and apply to all rooms used for food handling or purposes ancillary thereto.

(*a*) **Structure, Fittings, Equipment, etc.—Occupier's responsibility.**

(1) Rooms used for food handling or purposes ancillary thereto shall not be used for any other purpose, and in particular, shall not be used in connection with laundry, dry-cleaning, or footwear repair services, or for the handling of second-hand clothing.

(2) The floors, walls and ceilings of all rooms used for food handling or purposes ancillary thereto shall be of such construction and in such state of repair as to enable them to be kept thoroughly clean, and the walls and ceilings shall be kept in a state of good decoration; joisted and boarded floors, or roof spaces, shall where desirable, be suitably underdrawn if situated over such rooms. All other rooms and all passages, through which food is or may be conveyed, shall be kept in a state of good repair and decoration, adequately lighted and ventilated, and kept thoroughly clean. All premises used for food-handling purposes shall be rat-proof so far as is practicable.

(3) Adequate natural lighting (standard = one-tenth of net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleansing, maintenance, etc.

Adequate natural ventilation (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided.

(4) Retail Shops. A sink shall be provided in the shop, and a piped supply of cold water and a constant or instantaneous supply of hot water shall be provided over the sink; provided that where the provision of such facilities within the shop is not practicable, they shall be provided in a position readily accessible to persons engaged in the shop.

Other Premises. A sufficient number of sinks and/or wash-basins shall be provided, and a piped supply of cold water and a constant or instantaneous supply of hot water shall be provided over each sink or wash-basin.

All Premises. Soap, a nail brush, and a clean towel shall be provided at each washing point.

(5) Outdoor clothing, when not in use, shall be so stored as not to come into contact with food.

(6) Adequate shelving, cupboard space, etc., shall be provided to permit of the proper storage and display of foodstuffs.

Shop counters shall be provided with suitable shelves or racks on which customers may rest shopping baskets, etc.

Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, etc., used on the premises.

(7) Suitable means shall be provided for the fly-protection of bacon, cheese, fats and similar commodities.

(8) Counters, tables, benches, etc., shall, where desirable, have non-absorbent upper surfaces.

(9) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(10) Where necessary, refuse containers shall be provided inside the premises, and shall be non-absorbent, kept clean, and provided with tight-fitting covers.

(11) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibility.**

(12) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;
Sore throat;
Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of infectious disease.

An employer shall not allow any such person to take part in the handling of food, and shall not take part himself if so affected, except with the express approval of the Medical Officer of Health.

An employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such person handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer covering for the protection of minor cuts and scratches.

(13) Every person engaged in the business shall:—

(*a*) Wash his or her hands after using the toilet for any purpose, and otherwise as frequently as may be necessary to maintain them in a clean condition;

(*b*) Keep his or her finger nails short and clean.

Every person engaged in the business shall wear a clean washable overall.

(14) No person shall smoke when handling food.

(15) No person shall blow into paper bags, or lick or wet the fingers for manipulating wrapping paper. Contact of the hands with foods (other than pre-packed foods) shall be avoided as far as is practicable.

(16) Food shall not be exposed for sale outside the premises. Every precaution shall be taken to prevent the contamination of food by animals. Sacks of food shall be raised off the floor, and the contents of opened sacks shall be stored in covered metal bins. Foodstuffs shall so far as practicable be stored or displayed in covered containers. Foodstuffs shall be suitably protected against excessive heat. Articles of a dusty or oderiferous nature (e.g., firelighters, soap, etc.) shall so far as practicable be stored or displayed away from foods likely to be contaminated thereby. "Part II Poisons" shall be so stored and displayed as to be out of reach of children, and to be servable only by the trader or his employees.

(17) Foodstuffs not already pre-packed, when sold by retail, shall be placed in clean paper bags or wrapping paper.

CODE OF PRACTICE

RETAIL SUGAR CONFECTIONERS' PREMISES

The following requirements are additional to those contained in the Food and Drugs Act, 1938, local Byelaws, or any other statutory powers for the time being in force in relation to the premises, and apply to all rooms used for food handling or purposes ancillary thereto.

(*a*) **Structure, Fittings, Equipment, etc.—Occupier's responsibility.**

(1) Rooms used for food handling purposes shall not be used for any other purpose, other than the sale of ice cream, tobacco, newspapers and periodicals, or similar articles.

(2) The floors, walls and ceilings of all rooms used for food handling purposes or purposes ancillary thereto shall be of such construction and in such state of repair as to enable them to be kept thoroughly clean, and the walls and ceilings shall be kept in a state of good decoration. Joisted and boarded floors, or roof spaces, shall where desirable be suitably underdrawn if situated over such rooms.

(3) Adequate natural lighting (standard = one-tenth of net floor area) shall be provided in all rooms where structurally possible. Adequate artificial light shall be provided in all rooms, suitably disposed with regard to food handling operations, cleansing, maintenance, etc.

Adequate natural ventilation (standard = one-twentieth of net floor area) shall be provided in all rooms where structurally possible. If natural ventilation is inadequate, adequate mechanical ventilation shall be provided.

(4) A sink, together with cold water and constant or instantaneous hot water over, shall be provided in a position readily accessible to persons engaged in the shop; soap, a nail brush and a clean towel shall be provided at this point.

(5) Outdoor clothing, when not in use, shall be so stored as not to come into contact with food.

(6) Adequate shelving and cupboard space shall be provided to permit of proper storage of confectionery, etc. Separate storage facilities shall be provided for cleaning materials, soap, disinfectants, etc.

(7) All equipment, fixtures and fittings shall be so installed as to facilitate cleaning and maintenance.

(8) Separate scales or scale pans shall be provided for the weighing of commodities other than confectionery.

(9) The premises shall be kept free from vermin and insect pests. All infestations shall be reported to the Chief Sanitary Inspector.

(*b*) **Personnel, Food Handling, etc.—Occupier's and Employees' responsibility.**

(10) An employee shall notify his employer immediately if he is suffering from:—

Diarrhoea;
Sore throat;
Boils, sores, whitlows, or skin infections or diseases;

or if he is a close contact of a case of infectious disease.

The employer shall not allow any such person to take part in the handling of food, and shall not take part himself or permit any member of his household to take part, if so affected, except with the express approval of the Medical Officer of Health.

The employer shall take all reasonable precautions (independently of the employee's obligation) to ensure that no such employee prepares or handles food.

The employer shall provide suitable adhesive dressings with a non-absorbent outer surface for the protection of minor cuts and scratches.

(11) Every person engaged in the business shall:—

(*a*) Wash his or her hands after using the toilet for any purpose;

(*b*) Keep his or her finger nails short and clean.

Every person engaged in the business shall wear a clean washable overall.

(12) No person shall blow into paper bags, or lick or wet the fingers for manipulating wrapping paper.

(13) Sugar confectionery (other than pre-packed goods) which is displayed otherwise than in enclosed shop windows or display cabinets shall, so far as is reasonably practicable, be kept covered. Scoops, scale pans, jars, dishes, etc., shall be kept clean and free from stickiness. Contact of sugar confectionery with the hands shall be excluded so far as reasonably practicable.

ANNUAL REPORT OF THE BOROUGH ANALYST

for the year ended 31st December, 1950

The work carried out in the laboratories during 1950 for the Health Committee, Waterworks Committee, and other Departments and Authorities may be summarised as follows:—

	No. of Samples
Food and Drugs	835
Bacteriological Examination of Milks	292
Bacteriological Examination of Ice Cream	134
Rinses from Beer Glasses, Milk Churns, etc.	115
Atmospheric Pollution samples, and dusts	323
Fertilisers and Feeding Stuffs	14
Analyses for the Waterworks Committee	736
Analyses for other Departments and Authorities ...	69
Miscellaneous Examinations	59
TOTAL	2577

There has been an increase in the amount of work necessary, as the result of recent legislation, particularly on the analysis of many samples of Food and Drugs, and the following table shows, by comparison, an increase, also, in the number of samples examined during the past five years:—

	1946	1947	1948	1949	1950
Total No. of all samples examined	1855	1782	1701	2251	2577
Food and Drug samples...	544	563	406	830	835

Food and Drugs	Total	Genuine	Unsatisfactory	Per cent. Unsatisfactory
Milk	543	520	23	4.2
Ice Cream	81	77	4	4.9
Condensed Milk	6	6	—	—
Skimmed Milk Powder	1	1	—	—
Synthetic Cream	2	1	1	50.0
Butter, Margarine and Cooking Fat	8	8	—	—
Cheese	2	2	—	—
Beef Suet	2	1	1	50.0
Sausages and Sausage Roll	43	32	11	25.6
Canned Vegetables and Soups	6	5	1	16.7
Meat and Fish Pastes, etc.	4	4	—	—
Tea, Coffee and Cocoa	5	5	—	—
Jellies, Jams, etc.	7	7	—	—
Ice-Lollies	15	15	—	—
Cereals	7	6	1	14.3
Potato Crisps	3	1	2	66.6
Sweets and Sugar	4	4	—	—
Soft Drinks and Cordials	7	7	—	—
Colouring Materials and Flavours	7	7	—	—
Salad Cream and Sauce	2	2	—	—
Ice Cream Ingredients	13	13	—	—
Spices	4	4	—	—
Spirits	23	22	1	4.3
Miscellaneous Foods	19	18	1	5.3
Drugs	21	19	2	9.5
Total	835	787	48	5.7

It is pleasing to report a substantial reduction in the percentage of unsatisfactory samples (from 10.4% in 1949 to 5.7% in 1950). This reduction is due, mainly, to the smaller percentage of adulterated milks (9.6% in 1949 compared with 4.2% adulterated in 1950). There is also a reduction in the rate of adulteration of foods other than milks—from 13.1% in 1949 to 8.6% in 1950.

Milk. Of the 23 adulterated samples, 13 were deficient in fat in amounts varying from 1.6 to 10.0 per cent; and 10 contained added water varying in amount from less than 1 to 13 per cent. All the samples examined were free from added preservatives.

Warning letters to the offenders were sent in appropriate cases; the Ministry of Agriculture and Fisheries' Advisory Officers notified in others; and two samples were the subject of legal proceedings resulting in a fine of £20 and 10/6 costs.

Ice Cream. Four samples were considered unsatisfactory in containing only 1.4, 1.9, 2.1 and 2.2 per cent. of fat respectively, and warning letters were sent to the manufacturers and the appropriate department of the Ministry of Food notified.

Although there was no legal standard for the composition of ice cream (until 1st March, 1951), the Ministry of Food increased the allocation of fat and sugar to those manufacturers who would guarantee to produce ice cream with a minimum fat content of 2.5 per cent.

Synthetic Cream. One sample (pre-packed in a carton) was not labelled with a list of the ingredients. This was a labelling offence only, and after the vendor was notified, subsequent samples were correctly labelled.

Whisky. One sample was 39.6 degrees under Proof, equivalent to 7 per cent. excess water. The vendor was prosecuted and fined £10 plus 10/6 costs.

Potato Crisps. Two samples contained small amounts of alum, added to prevent the crisps from adhering together. As the presence of alum was not declared on the package as an ingredient, this was considered to constitute a labelling offence and warning letters were sent to the manufacturers.

Bread. One loaf, submitted as a complaint, contained particles of metallic iron and traces of mineral oil The baker's explanation suggested this was adventitious contamination, as the bread was produced during installation of new machinery.

Barcelona Kernels. One sample, infested with living mites and moulds and containing rancid oil, was condemned as unfit for human consumption. The retailer surrendered his stock of this commodity.

Shredded Suet. One sample contained rancid fat, unfit for human consumption. A warning letter was sent to the vendor, no further stock being available.

Canned Meat Soup Consomme was low in Protein and Total Solid content, and the sample wrongly labelled "Consomme." A warning letter was sent to the manufacturer and the Ministry of Food notified.

Sausages. Once again a considerable proportion of the samples examined was found to be adulterated, 11 samples being deficient of the prescribed meat content in amounts ranging from 3 to 26 per cent.

Five offenders were prosecuted and a fine inflicted in each case (£3, £5, £5, £5 and £10 and costs, respectively). Warning letters were sent to the remainder of the offenders.

Seidlitz Powders. Two samples (from the same source) were labelled "Extra Strong Seidlitz Powder." Each of the blue packets was deficient in weight of the Rochelle Salt and Sodium Bicarbonate content, and each of the white packets contained an excess of Tartaric Acid.

After receiving a warning letter, the manufacturers gave an undertaking to comply with the formula of the B.P.C. in future.

Ice-Lollies. Following a complaint at a meeting of the Health Committee, 15 samples of Ice-Lollies, and the ingredients used in their manufacture, were examined.

The "Lollies" consisted of dyed and flavoured solutions of sugar, and all were free from poisonous metals. With one exception (Spearmint), they all contained added colouring matter, but in no case was a prohibited dye present. The water content varied between 87 and 98 per cent.

The bacterial content of three of the samples was excessive in containing 2,000, 12,500 and 16,000 organisms per "Lolly," although the high count in the last mentioned sample was probably due to the incorporation of milk in the sample.

In no case was the presence of Coliform organisms detected.

MILK.

The average composition of all the milks examined for the past three years, including adulterated samples, is given below:—

Year	No. of samples	Milk Fat per cent.	Solids-not-Fat per cent.	Water per cent.
1948	295	3.71	8.69	87.60
1949	655	3.62	8.79	87.59
1950	543	3.59	8.83	87.58

The following table shows the monthly variation in composition during 1950:—

	No. of samples	Milk fat per cent.	Solids-not-fat per cent.	Water per cent.
January ...	37	3.36	8.84	87.80
February ...	53	3.60 —3.45	8.84 —8.80	87.56 —87.75
March ...	55	3.37	8.73	87.90
April ...	37	3.49	8.78	87.73
May ...	59	3.57 —3.51	8.84 —8.82	87.59 —87.67
June ...	53	3.46	8.83	87.71
July ...	21	3.55	8.77	87.68
August ...	49	3.69 —3.70	8.88 —8.88	87.43 —87.42
September ...	41	3.80	8.93	87.27
October ...	56	3.85	8.91	87.24
November ...	34	3.62 —3.71	8.80 —8.85	87.58 —87.44
December ...	48	3.60	8.82	87.58

MILKS FOR BACTERIOLOGICAL EXAMINATION.

Designation.	No. examined	Satisfactory	Unsatisfactory
Pasteurised	131	130	1
Sterilised	121	119	2
Tuberculin Tested	11	11	—
T.T. Pasteurised	29	29	—
	292	289	3

One sample of Sterilised milk had been insufficiently heated, or admixed with raw milk; and one each of Sterilised and Pasteurised milk contained small amounts of added water.

Ice Cream.

134 samples of Ice Cream were submitted for examination during the year, 130 of which were subjected to the Methylene Blue Test for provisional grading as recommended by the Public Health Laboratory Service, with the following results:—

No. of samples of	Grade 1 standard	... ...	87 = 67%
„ „	Grade 2 „	... ...	23 = 18%
„ „	Grade 3 „	... ...	11 = 8%
„ „	Grade 4 „	... ...	9 = 7%

The above method is considered to be the best available means of showing the comparative cleanliness of samples of Ice Cream, and it is suggested that about 50% of the samples throughout the year should be of Grade 1 standard; 80% in Grades 1 and 2; not more than 20% in Grade 3; and none in Grade 4.

Therefore, apart from the 9 samples in Grade 4 (obtained from 4 local producers), the above findings may be considered satisfactory.

10 samples taken from large manufacturers outside Bolton were all of Grade 1 standard.

When unsatisfactory samples have been reported, arrangements have been made with the producers for examination of the plant and utensils, and following advice given by your officers, improvement in subsequent samples from these sources has invariably resulted.

Chemical analysis of 81 of the samples of Ice Cream showed—

4	samples	contained	less than	2.5%	of fat.
17	samples	contained	between 2.6	and 5.0%	of fat.
31	„	„	„ 5.1	and 7.5 „	„
9	„	„	„ 7.6	and 10.0% „	„
20	„	„	„ 10.1	and 14.0% „	„

	Fat—%	Total Solids—%
The average composition of all samples	7.20	32.4
Average composition of 71 samples produced in Bolton	6.65	31.9
Average composition of 10 samples produced by large manufacturers outside Bolton	10.85	36.6

The fat contents varied from 1.4 to 14.0 per cent; and the total solids from 20.6 to 41.5 per cent.

Cleanliness of Milk Bottles and Milk Churns:

40 milk bottles and 22 milk kits and churns were examined to determine the degree of efficiency of the methods used by local dairymen and dairies for the cleansing of their apparatus and utensils.

An appreciable proportion of each were found to be unsatisfactory in containing excessive numbers of organisms or the presence of coliform organisms. In addition, a number of the kits and churns were found to be 'wet' on examination, and therefore unlikely to remain in a satisfactory condition bacteriologically.

In most cases, however, after advice given by officers of the Health Department, subsequent samples were found to be satisfactory.

Beer Glasses, etc.:

Experiments have been conducted to determine the comparative efficiency of different sterilising solutions used in the washing of glasses in use in local Public Houses.

53 samples were examined consisting of swabs or rinses from beer glasses, and of washing-up water after the glasses had been washed (*a*) with hot water only, or (*b*) with hot water and sterilising solutions.

The results obtained confirmed the desirability of adding an efficient sterilising agent to the wash water.

Drinking Waters:

12 samples were taken of the Corporation supply, at various points inside the Borough, each point being chosen as a "dead-end" on the main.

All the samples were satisfactory from a bacteriological standpoint, but two of the samples contained slight deposits consisting largely of iron hydroxide.

Miscellaneous Examinations.

For the Health Department:

68	samples of deposits from Atmospheric Pollution gauges
255	dusts, from one area, for weight of deposit
14	samples of Fertilisers and Feeding Stuffs
4	samples of drinking water
2	Fats used by Fish Friers
2	Petrols (for Ambulance Section)
2	Sewage Effluents
1	Meat for Bilirubin
1	Dried Milk
1	Deposit from water supply
1	Solution of Ammonia (Pharmacy and Poisons Act)
1	Tin of Condensed Milk (Sour)
1	Bread containing particles of rodent excreta
1	Barley containing rodent excreta and mites
1	Pork Fat (rancid)
1	Cake (Deleterious ingredients absent)
1	Steak Pudding—contained a Beetle

For Other Departments and Authorities:

Ministry of Food	...	10 Rocks (Sweet)
		1 Cake
		1 Pork Sausage
Housing		4 Aluminium Strips causing corrosion on pre-fabricated houses
		1 Plaster
Highways		1 Solution of Ammonia
Police		1 Commercial Petrol
Town Hall		1 Oil
Atherton U.D.C.	...	22 Deposits from Atmospheric Pollution gauges
		22 Deposits from Sulphur Dioxide Apparatus
		4 Drinking Waters
Private		3 Waters

ATMOSPHERIC POLLUTION, 1950

Monthly analyses have been continued of the liquid and deposit from the six gauges situated at various points in the town. The average monthly figures for each gauge (expressed in English tons per square mile) are as follows:—

Site	Total Solid Matters (Suspended and Dissolved)		Insoluble Solid Matters				Soluble Solid Matters				Rainfall in inches	pH Value
			Total	Tar	Carbonaceous matter other than tar	Ash	Total Dissolved Solids	Calcium (as Ca)	Sulphate (as SO_4)	Chloride (as Cl)		
		(1949)										
Tonge Fold Farm ..	22.88	(25.44)	14.50	0.21	4.45	9.84	8.29	0.66	3.01	2.38	4.03	4.7
Havercroft	11.93	(9.71)	5.20	0.13	2.34	2.73	6.73	0.49	2.82	1.92	4.23	4.6
Bolton Royal Infirmary	21.21	(16.90)	13.07	0.12	5.04	7.91	8.14	0.66	3.43	2.22	4.18	4.5
Hulton Lane Fever Hospital ..	21.08	(16.34)	13.14	0.11	3.60	9.43	7.94	0.64	3.39	2.05	3.96	4.6
Police Sports Ground	44.92	(35.92)	34.44	0.14	13.02	21.28	10.48	0.87	4.57	2.21	3.96	4.7
Astley Bridge Cemetery	19.91	*(22.97)	11.28	0.18	3.97	7.13	8.63	0.60	3.60	2.59	4.77	4.3

*Parochial Hall, Astley Bridge.

WATERWORKS COMMITTEE

736 samples of water, etc., have been examined during the year, and reports issued to the Waterworks Department.

These consisted of:—

(*a*) Weekly bacteriological examinations of the raw and filtered waters constituting the whole of the town's domestic supply.
(*b*) Monthly chemical analyses of waters from the same sources.
(*c*) Waters for special examinations from various sources.
(*d*) Deposits on cisterns, ball tap valves, filters, etc.
(*e*) Examination of steel pipe, metal panels, and an artificial fertiliser.
(*f*) Investigation of complaints.

The following are the average results on the Raw and Filtered Waters from all stations:—

Bacteriological	Raw	Treated and Filtered
Total No. of organisms growing on Agar at 37° C. per 1 mil. of water	47	3
No. of B. Coli. per 100 mils. of water	66	Less than 1
Percentage of samples showing coliform organisms in 100 mils. of water	90.5	3.3
Percentage of samples showing typical B. Coli. in 100 mils. of water	34.1	1.2
Percentage of samples showing Cl. Welchii in 50 mils. water	34.2	6.4

Chemical		Raw	Treated and Filtered
Total Solids	parts per million ...	83.3	90.3
Free Ammonia	do. ...	0.04	0.03
Albuminoid Ammonia	do. ...	0.06	0.04
Nitrate Nitrogen	do. ...	0.38	0.35
Nitrite Nitrogen	do.	none	none
Chlorides (as Cl.)	do. ...	12.3	12.5
Oxygen absorbed from Permanganate	do. ...	1.56	0.96
Poisonous Metals (Lead, etc.)	do. ...	none	none
Plumbo-solvency (24 hours)	do. ...	3.5	0.95
Total Hardness	do. ...	31.2	35.2
Suspended Matter	do.	trace	none
Odour		none	none
pH Value		6.0	7.5

These findings show the necessity for filtration and treatment of the raw waters, and that in general the filtered waters are of a highly satisfactory standard.

BATHS AND WASH-HOUSES

There are three public Swimming Baths in the borough; High Street Baths with one plunge; Bridgeman Street Baths with one large plunge for men and one small plunge for women; and Moss Street Baths with one large plunge for men and a smaller one for women.

The following table shows the swimming facilities for ladies and for mixed bathing:—

Baths	Ladies Bathing	Mixed Bathing
High Street	Wednesday, all day	Thursday, all day Sunday morning
Moss Street	Ladies' Plunge available every day	Tuesday, all day Sunday morning
Bridgeman Street	Ladies' Plunge available every day	Wednesday, all day Saturday, all day

A service which has been long appreciated in Bolton is that of the two Public Wash-houses, one of which is attached to Moss Street Baths.

There are two methods of washing available, hand-washing and washing with a power-driven washing machine. During the year, twelve hand-washing stalls were dismantled and six washing machines installed at the Moss Street Baths. The prices charged include the use of rinsing troughs, hydro-extractors, drying chambers, mangles and electric irons. For a small additional charge, washing can be collected and delivered by the department from individual houses.

Number using the Wash-house Transport Service

	1950	1949	1948
Rothwell Street ...	4841	4744	3864
Moss Street	1623	1342	1015

In addition, there are Slipper Baths available at High Street, Moss Street and Bridgeman Street Baths and Rothwell Street Wash-house. The following table shows the number available for both sexes.

Baths	Ladies	Gentlemen	Children
High Street	9 available for ladies on Wednesdays	9, except Wednesdays	—
Moss Street	6	12	—
Bridgeman Street ...	5	20	—
Rothwell Street Wash-house ...	10	—	5

High Street Baths:

Opened on the 26th April, 1902, these were the first public baths to be built by the Corporation. In 1937 an extensive scheme of reconstruction was carried out and the baths now conform to modern requirements. There is one plunge and nine slipper baths.

Bridgeman Street Baths:

These were privately owned and purchased by the Corporation in 1919. After considerable alteration, they were opened in July, 1920. Between November 1946 and March 1948, extensive alterations were made and there is now one large plunge and twenty slipper baths for men and a smaller plunge and five slipper baths for women.

Moss Street Baths and Wash-houses:

This was built by the Corporation and opened in October, 1924. There is one large plunge and twelve slipper baths for men and a smaller plunge and six slipper baths for women.

The public wash-house is an annexe to the main building and its equipment originally comprised twenty-four hand washing stalls with the necessary ancillary appliances. During the year, however, twelve of these were replaced by six electric rotary washing machines. These came into service at the beginning of July, 1950.

Rothwell Street Baths and Wash-houses:

These were opened for public use in February, 1931. There are twenty hand washing stalls and eight electrically-driven washing machines. There are also fifteen slipper baths; ten for women and five for children.

Turkish Baths, Great Moor Street:

These were built in 1891 under private ownership and subsequently purchased by the Corporation and opened in July, 1899. At the present time, these will bear comparison with any in the country.

	1950	1949	1948
Number using the Turkish Baths	5022	5933	5195

Swimming:

The policy has always been to assist and encourage the art of swimming but over the past fifteen years there seems to have been a decline in interest for which it is difficult to account. From April to October each year children from the schools of Bolton attend for swimming instruction. 54,935 attendances by children for this purpose were made during 1950.

The Health Committee present annually, free swimming tickets to 150 children between the ages of twelve and fourteen years who pass a qualifying examination. A free ticket for twelve months is also given to any resident of the Town who gains the Bronze Medallion of the Royal Life Saving Society.

The following table shows the attendances at the various establishments during the last three years.

	Number using Swimming Plunges			Number using Slipper Baths			Number using Wash-houses		
	1950	1949	1948	1950	1949	1948	1950	1949	1948
High St. Baths	49628	63617	60774	17136	19896	21292	—	—	—
Bridgeman St.	74966	75587	71217	32883	31608	30536	—	—	—
Moss St. Baths and Wash-houses ..	81788	84936	74235	38058	42401	43714	28441	28951	31546
Rothwell St. Wash-houses	—	—	—	17569	20428	22158	48548	45598	52798

METEOROLOGICAL SUMMARY, 1950

(Compiled at Queen's Park Observatory by E. Hendy, F.R.Met.S.)

1950	Barometer	Mean Relative Humidity	Mean of Maximum and Minimum Temperature	Absolute extremes of Temperature				Sunshine			Total Rainfall
				Highest	Date	Lowest	Date	Total Amount hours	Maximum in one day hours	Date	
	″	%	°	°		°					″
January	30.142	90.0	39.69	54.6	9	21.7	26	16.2	5.5	21	3.594
February	29.674	85.1	40.06	55.8	17	22.1	27	46.6	8.9	26	5.114
March	30.095	81.3	44.59	60.9	6	28.1	1	87.9	9.0	25	2.370
April	29.754	76.0	43.79	61.1	20	28.2	25	139.1	13.4	25	3.827
May	30.088	70.1	51.14	75.8	31	35.3	17	187.6	14.5	13	1.697
June	29.999	74.7	59.06	88.1	6	42.2	15	212.8	14.1	12	2.339
July	29.912	74.6	58.65	74.9	9	44.5	2	171.0	13.5	26	4.106
August	29.825	79.5	57.97	73.8	6	46.2	30	129.0	12.5	3	7.496
September ..	29.783	81.8	53.69	72.0	4	39.0	27	93.6	9.8	7	7.835
October	30.019	85.3	48.61	70.6	5	28.9	28	88.5	6.5	24	3.224
November ..	29.648	88.6	41.25	52.6	28	26.9	26	41.9	4.7	3	6.253
December ..	29.833	86.2	34.27	46.1	9	17.1	15	28.9	5.4	7	4.358
TOTALS ..	358.772	973.2	572.77					1243.1			52.213
AVERAGES ..	29.898	81.1	47.73					103.6			4.351

Rainfall. Average, 1887—1950 = 44.589″

COUNTY BOROUGH OF BOLTON

EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR 1950

ALEXANDER HUTCHISON,
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E 8570

Health Department,
Bolton.

June, 1951

ANNUAL REPORT

To the Chairman and Members of the Special Services Sub-Committee of the Bolton Education Committee.

The School Medical Officer begs to submit the Annual Report on the work of the School Health Service for the year 1950.

Before doing so, I should like to pay tribute to my predecessor, Doctor Robert Menzies Galloway, who was also Medical Officer of Health for Bolton from 1932 until his death in June, 1950. I never had the privilege of meeting Dr. Galloway, but from the records available in the office, from the Public Health Organisation and School Medical Service, which he built up in the County Borough of Bolton, there can be no doubt that he was one of the foremost public health officers in this country.

He came to Bolton in 1932, having graduated in Edinburgh in 1920 after a distinguished academic career which was interrupted by the First World War, in which he served with distinction.

After graduation, he spent his first five post-graduate years in hospital work and in 1923 he took his Diploma in Public Health at Manchester. In 1925, he was awarded the M.D. with Commendation at Edinburgh University.

In 1929, he became Medical Officer of Health for Dewsbury after having served as an Assistant Medical Officer in Bolton and with the Lancashire County Council. In 1932, he was appointed Medical Officer of Health for the County Borough of Bolton.

Much of his greatest work was done for children, not only in his professional capacity, but also in his spare time, as is evident by the fact that he was a member of the Committee and was Honorary Medical Adviser to the Bolton Lads' Club.

He was held in high esteem by his medical colleagues. He was a Fellow and Examiner of the Royal Sanitary Institute and also a Member of the Council of the Institute. He was a Fellow of the Society of Medical Officers of Health and was President of the North West Branch in 1949.

He was an outstanding 'after dinner' speaker and his services in this respect were in much demand and were readily given.

He will be mourned by many and particularly by his wife and four children, to whom his death was a grievous loss.

Robert Menzies Galloway has passed on but his name and the benefits he brought to the citizens of Bolton will remain.

He loved children. Need I say more?

During the year, there was a further extension of the School Ophthalmic Services. Dr. J. Morrison, Ophthalmic Surgeon, commenced a third session at Flash Street School Clinic on the 24th November, 1950, thus making six sessions per week, three of which are held at Charles Street Clinic, and are conducted by Dr. J. Ratcliffe, the other three being held at Flash Street and conducted by Dr. Morrison.

The adaptations to the Astley Bridge Clinic were completed in June, 1950, and it is hoped to open this Clinic in the near future. In addition to acting as a School Clinic, one half day is being set aside for the Health Committee as an Infant Welfare Centre.

The alterations to Woodside School were completed and the arrangements for the pupils from Flash Street Special School for Educationally Subnormal Children to be transferred to this new school, were brought into operation on the 11th September, 1950.

On the 1st September, 1950, Mrs. F. Barber was appointed as Speech Therapist. This meant that the Remedial Speech Training Centre which had been closed since May, 1947, could once again be opened.

The Educational Psychologist and the Social Worker have been in the service now for over a year and their influence is becoming more and more apparent. I have included a most interesting report prepared by Mr. W. H. Hayward, the Chief Education Officer, on the work of the Child Guidance Clinic.

As in past years, shortage of Medical Staff has caused delays to be experienced in the medical examination of school entrants, but it is hoped that in the near future, additional Medical Staff will be available and that this difficulty will be overcome.

MEDICAL INSPECTION

The age groups subjected to periodic Medical Inspection are those prescribed by Regulation 49 (2) (*a*), (*b*) and (*c*) of the Handicapped Pupils and School Health Service Regulations, 1945:—

ENTRANTS.—Children examined as soon as possible after admission to the school (i.e., at age of 5 years).

SECOND AGE GROUP.—Children examined in Junior Departments who are in their last year of attendance at a Primary School (i.e., age 10 or 11 years).

THIRD AGE GROUP.—Children examined who are in their last year of attendance at a Secondary School (i.e., at age of 14 years and over).

The pupils in Special and Nursery Schools are also inspected in accordance with the requirements of the Ministry of Education.

GENERAL CONDITION

The general physical condition of the school population has been well maintained during the year. Of the 5,768 pupils inspected during the year in the routine age groups, the general condition of 1,194 or 20.70% was good, 4,390 or 76.11% fair, and 184 or 3.19% poor.

School meals have contributed to the physical well-being of the children. During the year Bolton school children receiving meals daily numbered 11,200 (approx.) and 2,447,276 meals were provided.

UNCLEANLINESS

The Municipal Medical Baths continue to work satisfactorily. Two whole-time women attendants and one male attendant are employed. Verminous conditions of the head are treated on every morning session during the week-days. During 1950, 289 children were treated.

SCABIES

The decrease in the incidence of scabies which was noted last year has been maintained. During the year 126 treatments for scabies were given to 42 children at the Municipal Medical Baths.

DENTAL DEFECTS

Of 15,638 children inspected by the dental surgeons in routine and special inspections, 10,463 were found to require treatment and 6,004 received treatment.

The actual figures for the work carried out are as follows:—

Routine cases:—	Total
No. of cases treated	3,492
No. of attendances	6,105
No. of temporary teeth extracted	4,759
No. of permanent teeth extracted	775
No. of fillings in temporary teeth	667
No. of fillings in permanent teeth	3,719
No. of general anaesthetics administered	1,005

Casual cases:—	
No. of cases treated	2,512
No. of attendances	4,090
No. of temporary teeth extracted	2,767
No. of permanent teeth extracted	462
No. of fillings in temporary teeth	245
No. of fillings in permanent teeth	395
No. of general anaesthetics administered	609

INFECTIOUS DISEASE

Immunisation

Number of children immunised against diphtheria during the year:—

0—5 years: 1,660. In addition 104 children who had already been immunised, received a re-inforcing dose.

5—15 years: 355. In addition, 968 children who had already been immunised received a re-inforcing dose during their first year at school.

AURAL CLINICS

Children are referred by the Assistant School Medical Officers from Periodic Inspections and the school clinics to the Consultant at the Aural Clinic.

The Aural Clinics are held fortnightly at each clinic.

The following are the relevant figures for 1949 and 1950:—

	1949	1950
No. of children seen for the first time by the Aural Surgeon	386	366
Subsequent visits made by the children	189	138
Total number of attendances	575	504

WOODSIDE SCHOOL

Prior to the outbreak of hostilities in 1939 the Education Committee had realised the necessity for the transfer of the Special School from Flash Street to more suitable premises where opportunities would be found for outdoor activities such as gardening, nature study, games, etc., and where educational progress would be accompanied and advanced by improved physical health.

The war prevented the implementation of this policy, but the intentions of the Committee were reflected in the Educational Development Plan by the inclusion of provision for two new Schools and a Boarding Home for the special educational treatment of educationally subnormal children.

The property known as "Woodside," Chorley New Road, was acquired as it provided a house suitable for conversion into a Boarding Home and grounds where one of the proposed new Schools could be built in delightful surroundings.

The present scheme, whereby the house is to be used as a school, is an interim measure until a new school can be built, designed to give the children the advantages of outdoor activities.

In planning the adaptations, therefore, consideration has been given to the ultimate use of the building as a Boarding Home and structural alterations have been kept to a minimum.

Additional sanitary accommodation has been provided on the ground floor, together with a kitchen, larder and domestic science room, all on the northerly side of the building. The rooms overlooking the garden have been designed to serve as classrooms and dining room. The first floor comprises of a rest room, staff room and showers on the northern side, with classrooms, assembly hall and Head's room on the garden side.

A system of central heating and hot water supply has been installed, served by gas-fired boilers. The electrical wiring has been renewed and cooking equipment installed in the kitchen.

Six classrooms have been made available—one practical room in the basement, two classrooms on the ground floor and three classrooms on the first floor.

The following are the relevant figures for 1950:—

	Boys	Girls
No. of children on the roll, December, 1950 ...	50	41
No. of children admitted during 1950	16	14
No. of children discharged during 1950	18	9

THE THOMASSON MEMORIAL SPECIAL SCHOOL

The Thomasson Memorial Special School is a residential school for deaf and partially deaf children and draws its pupils from a wide area. Children who live in the borough, with a few exceptions, attend the school as day scholars. The school has two departments, one for the deaf and the other for the partially deaf.

The pupils attending the Thomasson Memorial Special School in common with those attending other types of special schools, are examined annually in a routine way by one of the Assistant School Medical Officers. A Medical Officer visits the school twice weekly and more often when necessary.

In January, 1950, the Committee gave permission for the purchase of a Marconi Pure Tone Audiometer for use at the school.

During the year, Mr. G. G. Mowat, F.R.C.S., the Aural Surgeon to the school, paid 5 visits and made 136 examinations of children.

	Boys	Girls
BOLTON AREA:		
No. of children on the roll, December, 1950 ...	18	10
No. of children admitted during 1950	7	3
No. of children discharged during 1950	—	—
OUTSIDE AREAS:		
No. of children on the roll, December, 1950 ...	42	23
No. of children admitted during 1950	8	5
No. of children discharged during 1950	4	2

LOSTOCK OPEN-AIR SCHOOL

The following are the relevant figures for 1950:—

	Boys	Girls
No. of children on the roll, December, 1949, and re-admitted January, 1950	60	41
No. of children admitted during 1950	40	49
No. of children discharged during 1950	45	33

NURSERY SCHOOLS

The following are the relevant figures for 1950:—

KAY STREET NURSERY SCHOOL:—	
No. of children on the roll, December, 1950	82
No. of children admitted during 1950	51
No. of children transferred to primary schools	5
No. of children removed by parents	10
PIKES LANE NURSERY SCHOOL:—	
No. of children on the roll, December, 1950	95
No. of children admitted during 1950	45
No. of children transferred to primary schools	45
No. of children removed by parents	9

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

Three hundred and twenty-nine children were examined during 1950 for employment outside school hours in accordance with the Bye-laws made under the Children and Young Persons Act, 1933, and certificates issued in each case.

Six children who had made application for Juvenile Performers' Licences under the Employment of Children in Entertainments Rules, 1933, were examined and licences granted in each case.

LIP-READING CLASSES

Lip-reading classes are held once a week at St. George's School and Folds Road School, respectively. A fully qualified teacher of the deaf is in charge of each centre. During the year, 9 Bolton children attended.

SPECIAL CLASS FOR PARTIALLY SIGHTED CHILDREN

The Minister of Education approved, as a temporary measure, the establishment of a Special Class for Partially Sighted Children. This was held at Gaskell Street School and was closed on the 6th October, 1950, due to circumstances which made the class no longer necessary.

REMEDIAL SPEECH TRAINING CENTRE

The Speech Therapist commenced duties on the 1st September, 1950. Most of the time, up to the end of the year, was occupied in re-establishing the Remedial Speech Training Centre at Gaskell Street School and in visiting schools.

All the Authority's schools were visited and 696 children were interviewed. The parents were also interviewed and arrangements made for treatment to commence in the New Year.

CHILDREN UNABLE TO ATTEND SCHOOL THROUGH PHYSICAL DISABILITIES

The arrangements under this heading remain the same as last year.

During the year, 19 children have been on the books of the teachers, and altogether, 1,126 hours of actual instruction have been given to these children.

HANDICAPPED PUPILS

The Minister of Education, in the Handicapped Pupils and School Health Service Regulations, 1945, has determined that certain categories of children require special educational treatment.

The following Handicapped Pupils have been ascertained by the Assistant School Medical Officers during the year:—

(*a*) Blind	3
(*b*) Partially Sighted	—
(*c*) Deaf	4
(*d*) Partially Deaf	11
(*e*) Delicate	99
(*f*) Diabetic	—
(*g*) Educationally Subnormal	33
(*h*) Epileptic	1
(*i*) Maladjusted	1
(*j*) Physically Handicapped	2
(*k*) Pupils suffering from Speech Defects	28
	182

On the 1st December, 1950, 254 Handicapped Pupils were receiving special educational treatment at the following Special Schools:—

Category of Handicap	Special School	No. of Pupils Boarders	Day
Blind	Junior School for the Blind, Liverpool	4	—
	Henshaw's Institution for the Blind, Manchester	2	—
	Royal Normal College for the Blind, Rowston Castle	1	—
Partially Sighted	Barclay School, Sunninghill, Berks.	1	—
Deaf	Thomasson Memorial School, Bolton	4	6
	Royal Schools, Manchester	1	—
	St. John's, Boston Spa	1	—
	Mary Hare Grammar School, Newbury	1	—
Partially deaf	Thomasson Memorial School, Bolton	3	15
Delicate	Lostock Open Air School, Bolton	110	—
Physically Handicapped	National Children's Home, Chipping Norton	1	—
	Burton Hill House School, Malmesbury	1	—
	Margaret Barclay School, Mobberley	2	—
	St. Rose's School, Stroud	1	—
	Rudolf Steiner School, Aberdeen (Independent School)	2	—
Educationally Subnormal	Woodside School, Bolton	—	91
	Monyhull School, Birmingham	1	—
	Vineyard School, Warwick (Independent School)	1	—
Epileptic	Maghull Homes, Liverpool	2	—
	Colthurst House School, Alderley Edge	3	—

REPORT ON THE WORK OF THE CHILD GUIDANCE CENTRE FOR THE EDUCATIONAL YEAR 1949-50

The Educational Psychologist entered the service of the Authority on 1st September, 1949, and the Social Worker on the 17th October, 1949.

This report sets out briefly the nature and extent of their work in Child Guidance during its first year as an integral part of the local service of education.

The cases dealt with fall into two broad groups: those seen for educational reasons and those referred because of emotional or behaviour difficulties. An appendix to the report contains a summary of the number of children seen individually by the Educational Psychologist in schools or at the Centre, together with an analysis of the sources of reference and the types of cases referred.

Educational Problems

These include children referred as possibly in need of special educational treatment. Those children for whom special schooling is considered advisable are referred to the School Health Service for the completion of the required examination, and in other cases appropriate recommendations are sent to the child's own school. A large number of dull and backward children had been seen in school at the request of head teachers. A few backward children with special difficulties have been given special tuition by the Educational Psychologist, but the problem needs provision on a larger scale. With the setting up of three more special classes in junior schools and groups for remedial teaching in four secondary schools, the time spent on this type of examination will become more effective in the coming year.

Groups of backward children have also been tested in several schools by group tests of intelligence and attainment in order to provide teachers with fuller information on which to work with these backward pupils.

Child Guidance Problems

A start has been made to provide the facilities along the lines of a Child Guidance Centre for children showing emotional or behaviour problems. Sixty-nine children have been seen at the Centre in Mawdsley Street for periods varying from 2 or 3 visits to visits over several months in the case of more serious difficulty.

Such children are examined by the Educational Psychologist while the Social Worker obtains a full case history of home and school circumstances and on the basis of this information, guidance is given to the parents, the school's co-operation is obtained and treatment provided at the Centre.

The greater length of time needed for diagnosis and treatment with this type of case is a limitation on the number of cases that can be dealt with, particularly if a reasonable balance is to be maintained between work in schools and work in the Centre. The provision of the proposed Child Guidance Centre at the Flash Street School Clinic will enable the work to be further developed and the employment on a part-time basis of a Child Psychiatrist.

W. H. HAYWARD,

Chief Education Officer.

9th October, 1950.

APPENDIX:

Sources of Reference.

Head Teachers	110
School Medical Officers	50
School Attendance Department	10
Chief Education Officer	4
Parents	4
Children's Department	4
Special Services Department	2
Youth Employment Bureau	2
Doctors	1
Juvenile Court	1
	188

Chief Reasons for Reference of Cases.

Educational:

Backward and Retarded children	57
Handicapped Children (principally children referred as possibly Educationally Subnormal)	34
Emotional and Behaviour Problems	82

Other reasons for reference:

Intelligence Examinations for School Medical Officer	9
Special Examination for 11 + examination	2
Youth Employment Bureau	2
Handicapped Children examined at home	2
	188

SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

STAFF OF THE SCHOOL HEALTH SERVICE

School Medical Officer: HUTCHISON, ALEXANDER

Senior Dental Officer: Not yet appointed.

	Number	Aggregate staff in terms of the equivalent number of whole-time officers.
Medical Officers: Hutchison, Alexander Litt, John Parker, Jean B. (Miss)	3	2
Dental Officers: Bray, Stanley J. Keighley, Richard B. Wignall, Bessie (Miss) Coates, Dorothy (Miss)	4	4
Physiotherapists, Speech Therapists, etc.	— 1	— 1
School Nurses:	14	9
Nursing Assistants:	—	—
Dental Attendants:	4	4

SCHOOL CLINICS

Charles Street School Clinic, off Folds Road, Bolton.

Flash Street School Clinic, off Moor Lane, Bolton.

Type of examination and treatment provided at the School Clinics by the Local Authority:—

Minor Ailment and other non-specialist examination or treatment. Dental.

Ophthalmic (Arrangements made with Supplementary Ophthalmic Services).

Ear, Nose and Throat (Specialist examination).

Treatment Centres for the treatment of Minor Ailments are established at four of the Authority's schools, namely:—

Brownlow Fold School, Gaskell Street, Top o' th' Brow and Whitecroft Road.

Remedial Speech Training Centre:—

Speech Therapy.

STATISTICAL TABLES

These Tables are appended.

TABLE I.

COUNTY BOROUGH OF BOLTON

MEDICAL INSPECTION RETURNS
Year ended 31st December, 1950

MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

(A) PERIODIC MEDICAL INSPECTIONS

(Regulation 49 (2) of the Handicapped Pupils and School Health Service Regulations, 1945).

Number of Inspections in the prescribed Groups:

Entrants	2,297
Second Age Group	1,911
Third Age Group	1,147
TOTAL	5,355
Number of other Periodic Inspections	413
GRAND TOTAL	5,768

(B) OTHER INSPECTIONS

Number of Special Inspections	8,716
Number of Re-inspections	6,985
TOTAL	15,701

(C) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

GROUP	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	274	309	498
Second Age Group	243	203	396
Third Age Group	149	79	204
Total (prescribed groups)	666	591	1,098
Other Periodic Inspections	27	99	121
GRAND TOTAL	693	690	1,219

TABLE II.

COUNTY BOROUGH OF BOLTON

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION in the year ended 31st December, 1950.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin...	96	45	364	1
5	Eyes:				
	a. Vision	693	377	94	21
	b. Squint	108	54	31	1
	c. Other	25	8	49	3
6	Ears:				
	a. Hearing ...	39	67	47	59
	b. Otitis Media	41	32	133	2
	c. Other	22	20	145	40
7	Nose and Throat ...	124	378	614	181
8	Speech	25	53	29	32
9	Cervical Glands ...	5	71	21	13
10	Heart and Circulation	16	33	49	17
11	Lungs	44	73	96	23
12	Developmental:				
	a. Hernia	30	35	15	3
	b. Other	26	76	9	9
13	Orthopaedic:				
	a. Posture... ...	2	19	2	—
	b. Flat foot ...	2	9	8	1
	c. Other	65	82	33	12
14	Nervous system:				
	a. Epilepsy ...	8	10	12	12
	b. Other	1	10	—	1
15	Psychological:				
	a. Development	3	9	52	1
	b. Stability ...	5	8	16	18
16	Other	78	37	626	78

TABLE II *continued.*

(B) CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

AGE GROUPS	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,297	353	15.37	1,825	79.45	119	5.18
Second Age Group	1,911	357	18.68	1,517	79.38	37	1.94
Third Age Group	1,147	387	33.74	749	65.30	11	.96
Other Periodic Inspections...	413	97	23.49	299	72.40	17	4.11
TOTAL	5,768	1,194	20.70	4,390	76.11	184	3.19

TABLE III. **INFESTATION WITH VERMIN.**

(i) Total number of examinations in the schools by the school nurses or other authorized persons	39,797
(ii) Total number of **individual** pupils found to be infested ...	1,798
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)...	144
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	62

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group 1.—Diseases of the Skin

(excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm (i) Scalp	1	—
(ii) Body	4	—
Scabies	9	—
Impetigo	45	—
Other skin diseases	305	22
TOTAL	364	22

Group 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	215	2
Errors of Refraction (including squint)...	1,031*	23
TOTAL	1,246	25
Number of pupils for whom spectacles were		
(*a*) Prescribed	868*	23
(*b*) Obtained	*Information not available	23
TOTAL	868	23

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

TABLE IV *continued*

Group 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	by the Authority	otherwise
†Received operative treatment		
(*a*) for diseases of the ear	—	—
(*b*) for adenoids and chronic tonsillitis	—	380
(*c*) for other nose and throat conditions	—	8
Received other forms of treatment ...	125	13
TOTAL	125	401

†Former administrative arrangements still exist for operative treatment for T's and A's and other nose and throat conditions.

Group 4.—Orthopœdic and Postural Defects

(*a*) Number treated as in-patients in hospitals	35	
	By the Authority	Otherwise
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	Nil	210

Group 5.—Child Guidance Treatment

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	Nil	1

TABLE IV *continued.*

Group 6.—Speech Therapy

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	Nil	2

Group 7.—Other Treatment Given

	Number of cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments... ...	5,354	10
(*b*) Other (specify)		
1. Lip-reading classes	9	—
TOTAL	5,363	10

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(*a*) Periodic age groups	13,128
(*b*) Specials	2,510
Total (1)	15,638
(2) Number found to require treatment	10,463
(3) Number referred for treatment	8,931
(4) Number actually treated	6,004
(5) Attendances made by pupils for treatment	10,195
(6) Half-days devoted to: Inspection...	89
Treatment	1,678
Total (6)	1,767
(7) Fillings: Permanent Teeth	4,268
Temporary Teeth	912
Total (7)	5,180
(8) Number of teeth filled: Permanent Teeth	3,582
Temporary Teeth	912
Total (8)	4,494
(9) Extractions: Permanent Teeth	1,237
Temporary Teeth	7,526
Total (9)	8,763
(10) Administration of general anaesthetics for extraction...	1,614
(11) Other operations: Permanent Teeth	1,210
Temporary Teeth	842
Total (11)	2,052